# THE CANADIAN NURSE

LUME 51 • NUMBER 5
MONTREAL

*Highlights for*
**MAY 1955**

NURSING EDUCATION BUILDING

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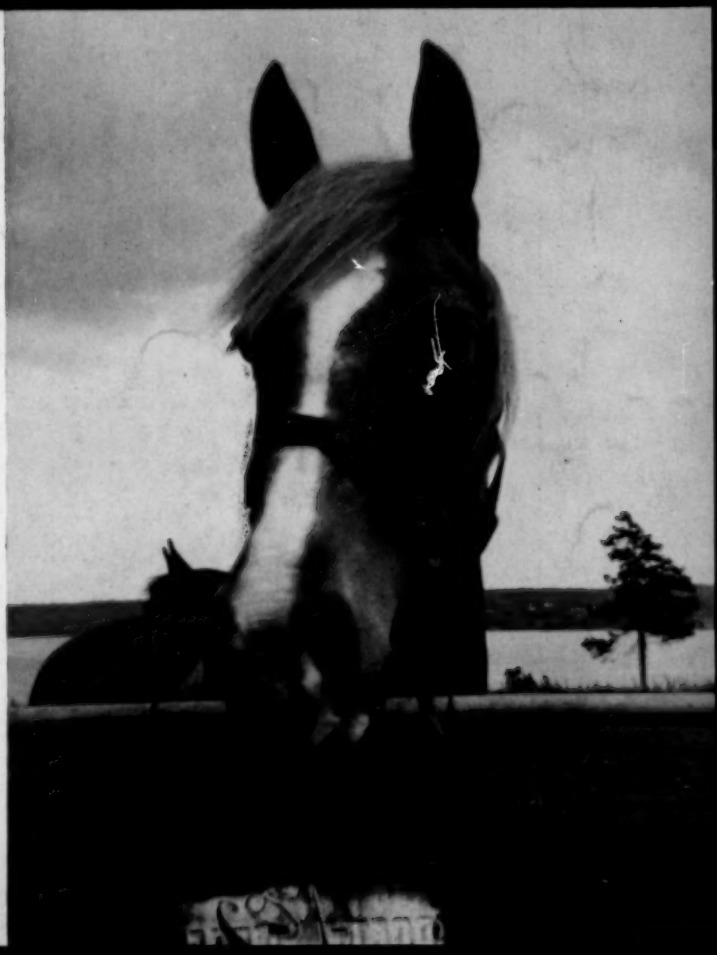
*See page 340*



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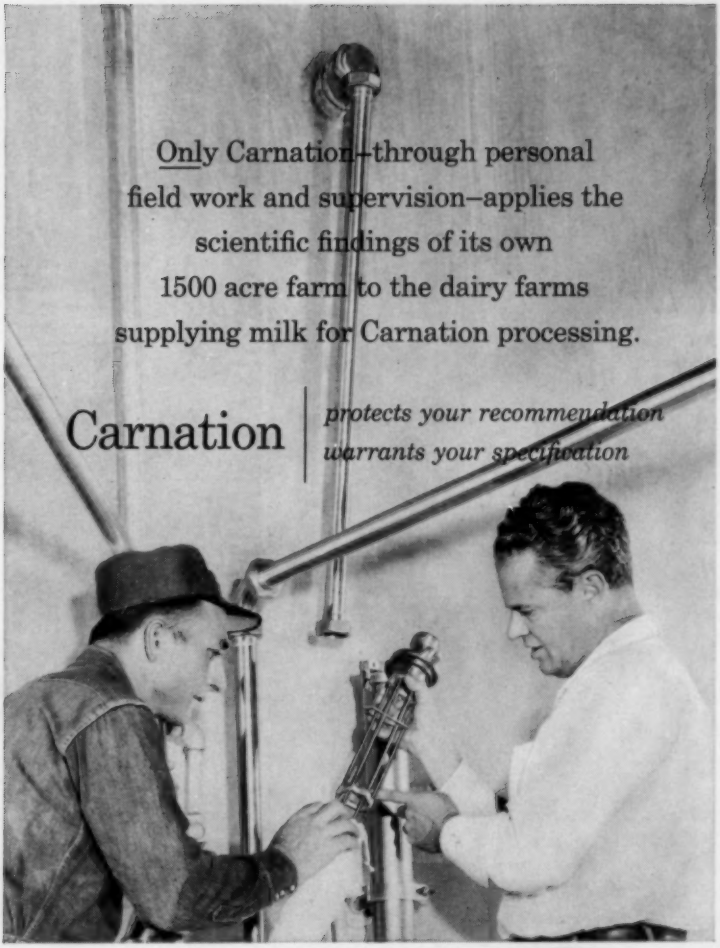
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This is an ideal study guide for practical nurses taking board examinations and for practical nurses who want to "brush up" on the latest technics and principles. It outlines every aspect of practical nursing and presents a series of situation-type questions with answers. The situations apply principles to actual patient care.

*New* By Helen F. Hansen, R.N., M.A., Formerly Executive Secretary, Board of Nurse Examiners, California. 419 pages. $3.75.

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Thoroughly revised, this book includes up-to-date references and treatments with new chapters on arts, music and recreation as a part of treatment. Some new topics are: group management, symbolization and communication. The book covers psychiatric nursing — its principles and technics.

*New (4th) Edition* By Madelene Elliott Ingram, R.N., Formerly on the Nursing Staffs of the Colorado Psychopathic Hospital, Denver; Butler Hospital, Providence, R.I.; Sheppard and Enoch Pratt Hospital, Towson, Md.; Graduate Program in Psychiatric Nursing, Adelphi College, Long Island, New York; Consultant in Psychiatric Nursing Education.
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## Wright and Montag — Pharmacology and Therapeutics

Thoroughly revised and up-to-date this book outlines the nurse's role in administering drugs and in gauging their effects. British Pharmacopoeia references have been reinstated and a new appendix is included on Canadian Legislation in regard to drugs.

*New (6th) Edition* By Harold N. Wright, Ph.D., Professor of Pharmacology, University of Minnesota; and Mildred Montag, Ed.D., R.N., Associate Professor of Nursing Education, Teachers College, Columbia University. About 570 pages, illustrated. *New (6th) Edition — Ready in June.*

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# THE CANADIAN NURSE

## *L'Infirmière Canadienne*

**VOLUME 51** **NUMBER 5**

**MAY 1955**



**342** New Products

**349** A Challenge to Mothers ..... *C. Hutchison*

**351** Cerebral Palsy ..... *T. A. Richardson*

**354** Danger! Health Education at Work ..... *M. E. Macdonald*

**357** Stain Removers ..... *L. R. Brown*

**362** Le Rôle de l'Infirmière dans la Société ..... *Sr. M. Cecil*

**368** Nursing Education Building ..... *B. J. Milligan*

**372** A Canadian Nurse Studies English Obstetrics ..... *M. E. Robins*

**375** Marion Lindeburgh's Corner

**376** In Memoriam

**378** Good Body Mechanics ..... *L. McMullen*

**381** Nutrition of Infants ..... *E. B. Cooke*

**383** Nursing Across the Nation

**385** Le Nursing à Travers le Pays

**387** School Spirit ..... *S. Thiessen*

**388** International Conference of Social Work ..... *M. P. Stiver*

**389** The Rehabilitation of Mastectomy Patients

**392** Book Reviews

**410** News Notes

**424** Official Directory


*The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of* The Canadian Nurse *nor of the Canadian Nurses' Association.*


***Editor and Business Manager***

**MARGARET E. KERR, M.A., R.N.**

*Subscription Rates:* Canada & Bermuda: 6 months, $1.75; one year, $3.00; two years, $5.00.
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# Between Ourselves

Nearly ten years ago the first guest editor accepted our invitation to interpret her thoughts on nursing to our readers. Most of those who have followed have been provincial presidents or association officers. As each has shared her thinking, her philosophy, the broad mosaic, that is present-day nursing in Canada, has benefitted from the new piece.

This month we welcome as guest editor a different kind of executive — a nurse whose responsibilities and opportunities are exceedingly important for the future of our land — a nurse who is a mother. **Carolyn (Wedderburn) Hutchison** was not satisfied after she had received her certificate in psychiatric nursing at the Brandon Hospital for Mental Diseases. She graduated from the Vancouver General Hospital, later securing her certificate in public health nursing from the University of Manitoba School of Nursing. Prior to her marriage, she was superintendent of nurses at the mental hospital in Brandon. Mrs. Hutchison has three daughters now.

* * *

When the provincial registrars held their conference prior to the C.N.A. Executive Committee meeting last February, they were delighted to have space provided for them in the splendid new ***school of nursing of the Ottawa Civic Hospital.*** **Jean Milligan** describes the facilities and equipment for us in this issue.

* * *

We are grateful to Mme Paula Mongenais for the skilful translation into French of the article by **Sister Mary Cecil** that provided so many interesting ideas when we published it last October.

* * *

Though they are found in every community, the number of children with ***cerebral palsy*** who are admitted to our general hospitals is usually so small that many nurses feel at a loss when caring for them. Their only knowledge of the various manifestations of this condition may come from casual observations of children seen on the street.

The publicity that is being given to cerebral palsy in recent years is helping to awaken a lively interest in finding these victims as early as possible. The general public is becoming aware of the fact that early recognition is an important factor in treatment. Still, there is a definite resistance among well intentioned and intelligent parents to accept such a diagnosis because of the lingering belief that having such an afflicted child is a matter of shame and disgrace.

Every nurse is urged to be on the alert for any child who shows evidence of cerebral palsy. **Dr. Richardson** has given us the picture and has pointed out the benefits that will follow adequate care. Too often the parents have shielded their child to such an extent that he is utterly spoiled by the time he receives medical attention. We can assist greatly by promoting an active, commonsense approach to the whole problem.

* * *

What has a horse to do with nursing? Nothing, of course, but wouldn't you love to go for a ride? Michael Beck made a very capable photographer for an eleven-year-old.

* * *

What's in a name? Very little, really, but it is of passing interest to note the change that has taken place in the Christian names of the members of graduating classes. Recently, we were looking through several lists of graduates supplied us by many of the schools of nursing across Canada. In the closing years of last century the most commonly found Christian names in the lists we checked were those ending in "ie" — Annie, Lizzie, Minnie, Sadie and Hattie. There were few Mary's.

Among several hundred names of those who graduated between 1905 and 1915, Annie still came first, only she was Ann or Anna. Close on her heels came Margaret, Isabel, Jean, Edith, Ethel, then Mary, Frances, Helen, Jessie, Lillian, Florence, Alice began to crop up more frequently but they were all good, old, down-to-earth names.

Those grandmothers of present-day graduates may wonder as they scan today's lists. Ann has become Annarette; Marilyn is common as are Shirley, Joyce, Diane, Karen, Phyllis and Sharon. Where do mothers find such dream names as Imolena, Lucilinda, Vivi-Ann, Brigitta?

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# New Products

*Edited by* DEAN F. N. HUGHES

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## MYCOSTATIN

**Manufacturer**—E. R. Squibb & Sons of Canada Ltd., Montreal.

**Description**—Brand of Nystatin, anti-fungal antibiotic, tablets of 500,000 units.

**Indications**—For prevention and treatment of intestinal moniliasis, especially in patients under protracted oral antibiotic therapy; in patients prepared for intestinal surgery with oral antibiotics.

**Administration**—Usual dose is 500,000 units orally three times daily. The dose may be doubled if intestinal fungi are not adequately suppressed.

## NALLINE

**Manufacturer**—Merck & Co. Ltd., Montreal.

**Description**—Brand of Nalorphine HCl, 0.2 mg. per cc. in 1 cc. ampoules.

**Indications**—Especially to prevent narcotic-induced apnea neonatorum.

## OSEOTINIC

**Manufacturer**—Anglo-Canadian Drug Co. Ltd., Oshawa, Ont.

**Description**—Each reddish-brown coated tablet represents: Purified bone meal 5 gr., ferrous glyconate 5 gr., ascorbic acid 25 mg., vitamin A 1000 I.U., vitamin D 500 I.U., thiamine chloride 0.75 mg., riboflavin 1.0 mg., niacinamide 5.0 mg., folic acid 0.75 mg., Vitamin $B_{12}$ equivalent 10.0 mcg., pyridoxine HCl 3.3 mg., potassium iodide 0.065 mg., cobalt sulphate 0.45 mg., copper sulphate 1.0 mg., magnesium oxide 10.0 mg., manganese sulphate 4.0 mg., potassium sulphate 11.0 mg., zinc oxide 1.25 mg., sodium molybdate 0.4 mg.

**Indications**—As a prenatal supplement for prophylaxis and therapy of conditions due to nutritional deficiencies.

**Administration**—Average dose is one tablet 3 times daily at mealtime.

## PENTOXYLON

**Manufacurer**—Riker Pharmaceutical Co., Ltd., Toronto, Ont.

**Description**—Each long-acting tablet contains 10 mg. of pentaerythritol tetranitrate and 1 mg. of rauwiloid.

**Indications**—In the management of angina pectoris, exerts a prolonged vasodilator effect with concomitant tranquilizing, mood elevating action.

**Administration**—Usual dose is one tablet four times daily. In occasional cases it may be necessary to increase the dosage. Up to 2 tablets four times a day is well tolerated. For control of postprandial angina, may be taken before meals. Should be used with caution in patients with glaucoma.

## PREMARIN LOTION

**Manufacturer**—Ayerst, McKenna & Harrison, Montreal.

**Description**—Conjugated equine estrogenic substances in lotion. Each cc. contains 1 mg. estrogens in natural, water-soluble conjugated form expressed as sodium estrone sulphate.

**Indications**—Acne vulgaris, seborrhea, seborrheic alopecia.

**Administration**—Apply to the lesions twice daily and allow to dry, after first thoroughly cleansing with mild soap and warm water. The affected areas should be completely covered with the lotion.

## PRYDONNAL

**Manufacturer**—Smith, Kline & French, Montreal, P.Q.

**Description**—Each Spansule capsule (for sustained release) contains: 0.4 mg. belladonna alkaloids and 1 gr. phenobarbital (equal to ¼ gr. four times daily) as follows: Atropine sulphate 0.060 mg., scopolamine HBr. 0.035 mg., hyoscyamine sulphate 0.305 mg.

**Indications**—Peptic ulcer, gastric hypersecretion, gastrointestinal spastic states where a sedative action is desired with anticholinergic activity.

**Administration**—One in the morning and one in the evening an hour or two before bedtime.

Contraindicated in patients known to be hypersensitive to belladonna alkaloids.

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## COGENTIN

**Manufacturer**—Sharp & Dohme (Canada) Ltd., Toronto, Ont.

**Description**—Each scored tablet contains 2 mg. benztropine methanesulfonate.

**Indications**—For use in the symptomatic and palliative treatment of Parkinson's syndrome — arteriosclerotic, encephalitic, or idiopathic.

**Administration**—Recommended daily dosage is 0.5 to 2 mg. Initial dosage is suggested at 0.5 mg. daily. If satisfactory relief is not obtained after several days of treatment, dose may be increased by daily increments of 0.5 mg., with several days between increments to allow for cumulative effect. Thus dosage is 0.15 mg. one to four times daily.

## DEPREX

**Manufacturer**—Mowatt & Moore Ltd., Montreal.

**Description**—Each capsule contains: d-Amphetamine sulphate 10 mg., hypnotal (pentobarbituric acid) 60 mg.

**Indications**—As an aid to psychotherapy in combatting depression and anxiety states, tension, fear, excitement and irritability; also as an appetite depressant in management of obesity.

**Administration**—One capsule daily or as prescribed.

## FORTABEX

**Manufacturer**—Rougier Frères, Montréal.

**Description**—Each tablet contains: Thiamine mononitrate 25 mg., riboflavin 10 mg., niacinamide 100 mg., pyridoxine 6 mg., calcium pantothenate 10 mg., vitamin $B_{12}$ 10 mcg., ascorbic acid 150 mg.

**Indications**—Conditions requiring intensive B complex and C therapy, e.g. metabolic disorders in alcoholic and depressive states, prevention and treatment of vitamin B and C deficiencies during pregnancy, lactation and antibiotic therapy, etc.

**Administration**—One tablet per day or more as prescribed.

## LIQUID BARDASE

**Manufacturer**—Parke, Davis & Company, Ltd., Walkerville, Ont.

**Description**—Each 4 cc. contains: Phenobarbital ¼ gr., Taka-diastase 2½ gr., hyoscyamine sulphate 0.1 mg., hyoscine (scopolamine) hydrobromide 0.007 mg., atropine sulphate 0.02 mg.

**Indications**—Useful in relieving and managing visceral and smooth muscle spasm as in irritable colon, ulcerative colitis, peptic ulcer, genito-urinary disturbances and dysmenorrhea.

**Administration**—1 or 2 teaspoonfuls three times daily, adjusted to the individual patient.

## SECONAL SODIUM SOLUTION

**Manufacturer**—Eli Lilly and Company (Canada) Ltd. Toronto, Ont.

**Description**—A ready-to-use solution containing in each cc.: seconal sodium, (secobarbital sodium) 50 mg. (¾ gr.), in water for injection, B.P., with polyethylene glycol, 50 per cent. Contains 0.25 per cent phenol as a preservative.

**Indications**—Sedative and hypnotic for intravenous, intramuscular, or rectal injection, as an adjunct to spinal or inhalation anesthesia; also in convulsive or violent psychotic disorders. Especially useful in obstetrics, neuropsychiatry, and dental procedures or whenever a rapidly acting sedative or hypnotic effect is desirable.

**Administration**—Intravenous (adults or children): As an adjunct in anesthetic procedures, 100 to 250 mg.; in obstetrics, 100 to 200 mg. Intramuscular (adults or children): Sedative, 0.75 to 1 mg. per pound of body weight. Hypnotic, 1.5 mg. per pound of body weight. Rectal (children): 1.8 to 2.3 mg. per pound of body weight.

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**Administration**—Dosage and method vary depending upon purpose. Maximum dose appears to be about the same as for procaine HCl, 0.5 gm. Two maximum doses should not be given in same 24-hour period. When used without epinephrine, doses should be kept as low as possible; due to greater absorption, maximum dose is 0.2 gm.

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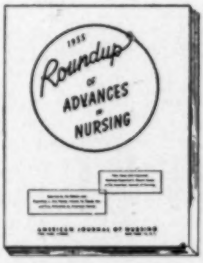


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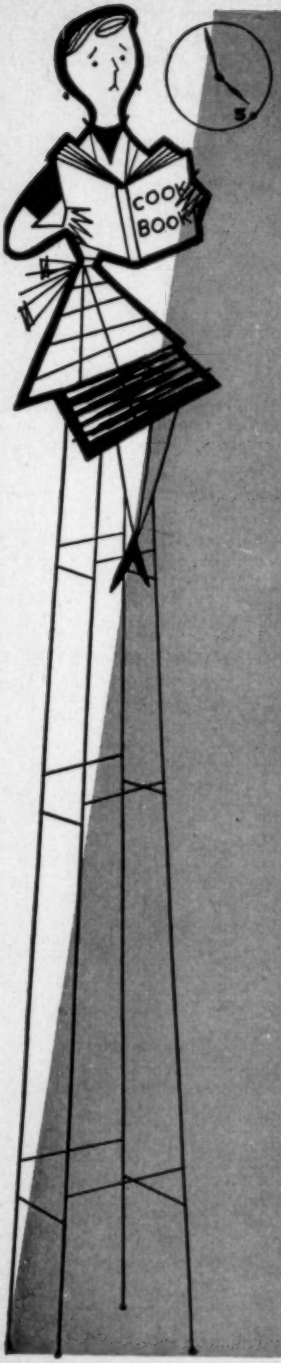


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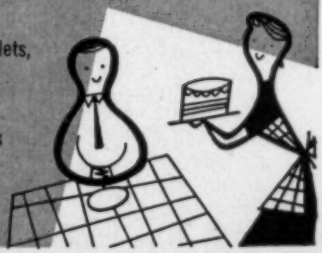

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THE CANADIAN NURSE
L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 51 NUMBER 5

MONTREAL, MAY, 1955

# A Challenge to Mothers

ALL NURSES HAVE a responsibility towards the betterment of their profession. For those of us who become mothers and whose daughters may in turn become nurses the challenge, I believe, goes deeper. It has been said: "Educate a boy and you educate a person. Educate a girl and you educate a family." Yes, mothers not only bear the children — they train them, with traditional gentleness and understanding, looking toward a better tomorrow.

Nurses are taught how important it is to be emotionally, physically and spiritually healthy in order to carry out the exacting tasks of a good nurse. Apart from the fact that an individual must be endowed with sufficient mental capacity to be able to learn, personality growth and physical health depend largely upon the parents and the home environment. No girl suddenly becomes mature the moment she decides to be a nurse. Her growth is a gradual thing that develops through the guidance, understanding and example of those close to her.

Marion Lindeburgh in her article in *The Canadian Nurse*, August, 1954, says:

> The fulfilment of the aims of professional nursing does not depend solely upon adequate resources, facilities and opportunities for purposeful employment but primarily upon the calibre fibre, professional spirit, and high ideals of the individual nurse and the profession as a whole.

What an opportunity for mothers who are nurses to try and develop these basic needs in the child who may be a potential nurse! To my mind

CAROLYN HUTCHISON

there are at least three important things on which we mothers may base this undertaking.

The simplest and most understandable one is to try and build healthy bodies. Adequate balanced diets, plenty of fresh air and sunshine, good health habits and protection against debilitating diseases are important factors.

The second is to love our children. Love them so that they know we do because they feel it. They must be secure in our love. They must know they are loved even when they are being corrected. They must be loved and yet given the opportunity to develop their lives independently.

Lastly, they should be given a sound set of values on which to base their own spiritual growth and development. We as parents must apply ourselves to sorting out our own thinking so that we know what we truly believe to be right and true. Only then can we hope to really help our daughters.

After we have tried to give them this solid foundation on which to build, our daughters at eighteen are ready to absorb the skills, knowledge and understanding that are necessary for the development of a good nurse.

CAROLYN HUTCHISON

## In the Good Old Days

*(The Canadian Nurse — May,* 1915)

"Whole milk is a very economical food. At six cents a quart, ten cents will furnish more protein and more energy than the same sum spent on beef rump at fourteen cents a pound. Skim milk is even more economical, since it contains practically the same amount of protein yet costs only half as much as whole milk."

* * *

"One of the cardinal points in handling acutely sick infants is to realize that the stay in hospital should be as short as possible after the subsidence of the acute symptoms."

* * *

"The services of the district nurse must be comprehended as one part of the entire treatment of a sick child, wherein the doctor, the mother, the hospital and the clinic have their parts. She is, of course, not always able to persuade the family to be loyal to the physician, although all her training influences her to that end, but in extremely emotional households she has often been the one person who has remained at the bedside, through the frequent changes of physician."

* * *

"To withstand bodily wear and tear and the mental strain incidental to nursing, the nurse should know how to use her body and mind so as to conserve her energy. The writer sat one day in the hall of a large hospital and noted the wasted efforts as the nurses passed to and fro. One with a pitcher and can walked 50 feet from the supply room before she found she had forgotten the enema tube. One hundred feet of useless walking! This is but a sample of a score of efficiency wastes occurring every day in all institutions."

* * *

"Those who have given generously to the Red Cross for the relief of distressed poeple of Europe, will be touched by the way in which the people of L— have contributed. One man gave the engagement ring sent back by the girl who jilted him. Another man donated his watch saying he could find out the time by asking."

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During 1954, Canada had an appreciable decrease in the death rate from heart disease. This relatively favorable record was due in part to an absence of respiratory disease outbreaks, which usually cause premature death in impaired lives. Mortality from nephritis and from diabetes also showed some reduction. The improved mortality occurred in the face of an increasing proportion of aged persons in the population.

The cancer mortality record for Canada in 1954 was not much different from that in the year before, when the death rate was at a level of 130 per 100,000. For the first time, the number of deaths from cancer and allied conditions may exceed 20,000.

— *Metropolitan Life Information Service*

# Cerebral Palsy

T. A. Richardson, M.D.C.M., M.S.

Cerebral palsy ranks third on the list of causes of crippling of children, next to poliomyelitis. In Alberta, with a population of approximately 700,000, two treatment clinics have recently been set up. Already there are about 250 cases registered. There are undoubtedly others who have not appeared, chiefly because many parents do not realize what is wrong with their children, or what can be done for them. The misconception that cerebral palsied youngsters are invariably mentally deficient probably keeps many unfortunate children branded as idiots and denied useful treatment. It is estimated there are at least 400 children in the province severely enough affected to be considered crippled. Of these, over two-thirds will be young enough and have sufficient mental equipment to respond to treatment.

Cerebral palsy is characterized by the lack of proper control of muscles resulting from dysfunction of those brain centres primarily provided to ensure this control. The resultant disability varies depending upon the areas of the brain affected and the extent of the involvement. Sometimes certain groups of muscles fail to relax when they should. They become "spastic" and the limb is locked by deforming contractures. In other cases, the muscles overact, resulting in purposeless flailing of the affected limbs. All the muscles of the limbs and the trunk may be involved, or any combination of them. The condition varies in severity all the way from the individual who goes through life merely conscious that he is extraordinarily awkward in certain activities, up to such a complete loss of normal muscle control and brain power that the victim is little better than a "vegetable."

The intelligence areas may be involved, but by no means invariably. Only about 20 per cent of cerebral palsied children are mentally deficient. Many of the others have such a bizarre appearance due to contortions of the facial muscles, lolling of the head, and drooling, and are so far behind their age group in accomplishments, there is danger of unjustly branding them as mentally deficient. One of the primary duties of those who treat patients with cerebral palsy is to distinguish between those who would benefit from therapy and those who would not. It is a tragedy to label a child with normal intelligence and sensitivities as mentally deficient. On the other hand, if the I.Q. is actually low, little response from treatment can be expected.

When the brain centres fail to function properly it is due to a lack of or the destruction of some or all of the cells that make up these centres. Sometimes these cells simply have failed to develop. This hereditary form of cerebral palsy is fortunately not too common. More often there is destruction by some catastrophe just before, during, or just after birth. Any crushing of the baby's head sufficient to cause intracranial hemorrhage may destroy brain cells. Furthermore, these cells are more susceptible to damage from lack of oxygen than any others in the body. Anything that causes a marked disturbance in the oxygenation of the blood, such as the cord around the baby's neck, premature detachment of the placenta, oversedation or RH hemolysis, may cause death of brain tissue. In the past, poor obstetrics has popularly been incriminated as a major cause. Modern hospital methods have, however, largely eliminated this as an important factor.

Destruction of brain cells with production of typical cerebral palsy syndromes can occur at any time in life. Encephalitis is a fairly frequent cause of the condition. Gunshot wounds during the war produced many adult cases due to destruction

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of areas of the brain. In the declining years of life, a "stroke" produces typical cerebral palsy as a result of hemorrhage or obstruction of blood vessels within the brain.

Treatment of cerebral palsy is not so much remedial or reparative therapy as it is rehabilitation. The basic effort is to teach the child who is so handicapped to utilize his remaining functions to maximum advantage. Though the lost brain tissue cannot be restored, sometimes other areas of the brain may be taught to take over the missing function. Sometimes a task has to be modified to facilitate its performance by handicapped limbs.

> John S., a patient of the Calgary Clinic, has such incoordination in his hands that he may never be able to write with clarity. But he can punch the keys of a typewriter with a rubber-tipped pencil. He has gained such proficiency that he has been able to keep up with his age group in school without any special teaching, and is now in grade 10.

This is an example of the adaptation of the task to the handicap. John's accomplishment has taken much practice and perseverance but it has been worthwhile.

There is little that is dramatic in the progress of the cerebral palsied child. In fact, improvement may be so imperceptibly slow that it is sometimes difficult to convince the casual observer that anything is being accomplished at all. This is the reason in fact why, in the past, funds for the treatment of cerebral palsy have been so limited. It is also true that if success of treatment is judged in terms of restoration to normalcy, results will be disappointing. A soldier with only one leg who has been taught to walk on an artificial limb could not, by any stretch of the imagination, be considered normal. On the other hand, how much better off he is than if he were condemned to stump around on crutches for the rest of his life! By the same token, a cerebral palsied child who has been upgraded from wheel chair existence to ambulation has received a tremendous lift. Even the severely involved child who has been rescued from a life of lying on his side in a back room and raised to the status of sitting in a wheel chair, feeding himself, partially dressing himself, reading books and watching the world go by is immeasurably better off. As an added dividend, what a load has been lifted from the backs of his parents!

Treatment begins in early infancy or as soon as the disability is discovered. In the very young, it must be limited to methods that do not require much cooperation on the part of the child. Later, as he grows older, he may be taught to make unruly muscles perform those tasks which come instinctively in the normal child. The case of Billy G. is a typical one.

> Billy was delivered with some difficulty approximately five years ago. The umbilical cord was wrapped around his neck during birth and, in spite of the attendance of a qualified obstetrician, there was a period of strangulation during passage through the birth canal. The infant was in an incubator for three weeks, and was blue to the extent of requiring oxygen for the first five days. After that he appeared to recover and develop. Mrs. G. at first paid little attention to the fact that he was not moving his right arm and leg as well as he did the left. By the time the baby was six months old, however, she could no longer blind herself to the fact that something was wrong. The right leg was drawn up at the knee, and the ankle could not be brought up to a right angle. The right hand and arm were similarly held in a fixed position by muscles that never seemed to relax. In addition, Billy, at an age when other children were sitting up, could not roll over, and could barely hold up his head.
>
> On the advice of her family physician, Mrs. G. took the baby to the cerebral palsy clinic nearest her. There, after examination of the child, she was instructed how to apply simple stretching exercises for the spastic muscles which would help them relax and keep them growing to their full length. If this were not done the tight muscles might become so short as to require surgical lengthening before the limb could be functional. In addition, Mrs. G. was told of the importance of helping the little fellow, who seemed to have a normal mentality, get off his back, get a chance to see around him, and by feel, sight and

sound learn about the big world outside his bedroom. She was put in touch with the parent education group working in conjunction with the clinic, to compare notes with other mothers and learn from their experiences.

At a later visit, it was found that she was having difficulty in keeping the muscles on the back of the leg stretched out to their proper length and a small metal splint was made to hold the foot in suitable position during sleeping hours. She was also given a diagram of a specially designed chair in which Billy could sit and watch his mother at her work and other children at play. The chair had a large tray in front, to keep his toys within easy reach of his awkward hands. If Mrs. G.'s husband had not been a handy man, a similar chair might have been loaned to her from the clinic's "Loan Cupboard." Later, Billy was given a brace to steady his uncoordinated leg. A special table was provided where he could stand and play, thus getting used to the upright position while firmly supported by the table. He graduated from that to a walker and walking instructions with the aid of parallel bars. Finally he took his first steps alone.

This phase of his training was under the direction of the physiotherapist, supervised by the doctor in charge of the clinic. Meanwhile, the occupational therapist had been teaching his clumsy hands to do their part in dressing, feeding, toilet, and finally, writing. Still another trained technician, the speech therapist, began as soon as Billy was old enough to teach spastic tongue, lip and throat muscles simple exercises to eventually fit them for their role in the production of speech. At first her main problem was the open mouth and drooling. These were controlled by patient reminders, exercises and instructions. Then came breath control, and gradually phonation improved to the point that Billy will be able to go to school.

Throughout his treatment, Billy has lived at home, being brought to the clinic daily at first, later, at intervals. His mother played a very large part in his progress, stretching his tightened muscles, patiently applying his splints and braces, guiding his hand in his fumbling attempts to feed himself, and encouraging him to persist in his efforts. Above all, she provided a home for him in which he was regarded not as an invalid or one set apart from the others, but as one of the family who was expected to take his part in the family life.

The clinic which provided the direction and incentive for Billy's training is financed largely by the Provincial Government. Clinics have been set up in Calgary and Edmonton. Each has a staff consisting of a nurse supervisor, the three therapists, and a play supervisor. An orthopedic surgeon provides medical supervision on a part-time basis. There is also a school teacher provided by the school board of the respective cities.

Financing is supplemented by donations from various organizations including service clubs. This support is essential to enable the purchase of extras not available under ordinary government budgeting. In addition, these organizations provide personal services of inestimable importance. For instance, one group provides a car, and another finds drivers to transport the children between their homes and the clinic. Still another organization finds and supervises foster homes and dormitories for out-of-town children. In one of the clinics, a group of ladies provides the children with lunches each day. As an auxiliary to the clinic, the parent education group plays an important part. Little can be accomplished in cerebral palsy without the cooperation of the parents. The meetings of this group give the parents the moral support obtainable from association with others facing the same trials and enables them to learn as much as possible about their common problems.

The treatment of cerebral palsy is expensive and progress is slow. However, it is very worthwhile whether the kiddies become useful members of society or not.

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To develop imaginative powers, we must specialize in our own fields but be alert to new ideas from any source and continually seize and set down our inspirational flashes when they come to us. The longer our imagination retains the idea, the clearer and more attainable it becomes.

—Carl Holmes

# Danger! Health Education at Work

M. Eleanor Macdonald, M.P.H.

Yesterday you were born into this world with a life expectancy of some 40 years. A walk in an old graveyard brings home rather forcefully how short the average span was. Today life expectancy at birth has been raised to 67 years. Yesterday, you expected to be really sick two or three times before adolescence. Diphtheria and scarlet fever took a heavy toll. Babies died by the score of "summer complaint." Your parents prayed they would be able to raise all their children, but counted themselves lucky if they did not lose one of you before you got to kindergarten.

Today, we immunize, vitaminize, pasteurize and sterilize. Parents take their children to pediatricians and child health centres. Public health nurses in schools and the community try to "catch up with parents" who fail to do so. Today, there are specialists for every part of the body and miracle drugs that banish infection with dispatch. Magazines are full of articles on new advances in medical science, advertisements of new drugs, and advice on keeping healthy. People are, in fact, healthier and live longer. They know a lot more about how to stay healthy just as they know a lot more about how disease is treated. They are not so afraid of surgery. They demand fine hospitals and complete health and medical care services. In fact, people now expect to be cured of practically everything.

So much momentum was gained in the attack on communicable diseases that medical science has now gone on to apply full force to the attack on diseases like cancer, heart disease and arthritis, in addition to continuing the fight against tuberculosis and poliomyelitis. The public who, 50 years ago, would have looked on efforts to produce vaccines and antibiotics with skepticism now becomes quite restive and critical about the failure to find a perfected polio vaccine and a sure-cure for cancer. They think medical care should be immediately and completely available to all.

What part has health education played in influencing the public's attitude towards health and health workers? The great reduction in maternal and infant deaths, the almost complete disappearance of smallpox, diphtheria and typhoid fever has come about because doctors wanted to save lives and people believed every family should enjoy the benefits of these discoveries. The methods, by which a practical application of proven health measures has been effected, have included legislation, public information and health education. Legislation can be the culmination of a successful health education program in a given area, but it can also be a means of pushing through a health law without regard to public understanding or appreciation of what is involved. In the latter instance the only educational benefit would be the delayed action on those who see a personal benefit through practical application. On the other hand, many might resent and actually resist it.

A program of general information may be sadly lacking in its educational effect. To rely on such broad methods would denote that we believe that all we have to do is *tell* people what is good for them and they will follow our advice. Therefore, we have not limited ourselves to merely telling but have carried on an active program of education aimed at raising people's standards of health habits so that they will feel compelled to demand better health for themselves, their families and their communities — and for the whole world, for that matter.

In spite of everything, we still have too many people who think of health as something that God gave them or the devil took away from them. We also have some folk who seem bent on trying every new pill, diet, and vaccine they hear about and who imagine they

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Miss Macdonald knows whereof she speaks. Health education is her major interest in her work in Winnipeg, Man.

have the symptoms of every disease that has a fund drive. Then we have a potential community leader group who want disease control to move faster than it is and who seem to feel that health workers are not doing all they could to bring this about. This group is very important for they are a living force of which we must be a part and which must be part of us. By good fortune they are in a position to look at the health program fairly objectively. Their views are not obstructed by such practical considerations as being old and sick and afraid of being "stuck in a nursing home." Their faith in the ultimate happy issue of all difficulties is not dimmed by the limitations of the professional worker who sees days of hard work come to naught because of the perversity of human nature or the inadequacy of community facilities. The fact that we do not have this group solidly behind us may be due in no small part to too much concentration on "health" and not enough on "education." Perhaps we have made "health" itself our goal.

We are well beyond the kind of thinking that defines health as absence of disease. However, even when we say health means the best possible physical, mental, emotional and social well being for the individual and the community, it sounds pretty cold and fruitless when considered as a finite state. In fact, there is not much soul in it. The nurse can become pretty confused in the job situation unless she has a sound philosophy of education. Such a philosophy is based not so much on training and current schools of thought as it is on her own philosophy of life. On the other hand, the way in which she practises her philosophy will be affected greatly by training and experience. Let us consider three philosophies of education that are common:

*Subject oriented*: Where the nurse is aware of material that is correct and that needs to be imparted to the public. There is little conception of what method should be used to get information across; or what action is likely to result. The nurse may say, "In my job I tell people about the disease and what will happen to them if they don't take treatment."

*Process oriented:* The nurse understands that there are certain "ways" of educating people. She makes specific mention of methods of education such as conferences, films, booklets, etc., as her means of educating. Here we have a nurse who says, "Our clinic gives us an opportunity to impress on mothers the importance of nutrition, immunization and other health matters. Sometimes we show films and we hand out literature."

*Person oriented:* The nurse realizes that education is a two-way process — that the educator must present health concepts in such a way that they will satisfy a need recognized by the learner so that he will be encouraged to apply the knowledge gained. In actual practice she says, "I discuss health matters with the patients individually and in groups. I study their records, paying particular attention to home visit reports and activities of welfare division on the case. When our group discussions bring out common needs we often show films which help us do a better teaching job."

Certainly, subject matter is important. Effective teaching cannot take place unless the teacher is well grounded in her subject matter, and the necessary knowledge is transmitted to the learner. Certainly, methods and techniques are important — but not in themselves. They are justified as their *proper* use aids in achieving maximum educational effects.

Everyone in nursing, whatever her field, has heard of the two-way process. Many, however, who express themselves as understanding education in those terms actually function at the "subject oriented" and "process oriented" levels. Let us examine a little more closely the definition applied to "person oriented" philosophy of education. "The educator must present health concepts in such a way that they will satisfy a need recognized by the learner so that he will be encouraged to apply the knowledge gained." If the educator has a materialistic philosophy of life the result could easily be that the need satisfied is of a really low standard and the educational effect will be a poor thing to behold. For example, if a venereal disease control program were to set its standard by the premise that you can't change human nature and the thing to do is to get as many of these people under treat-

ment as possible, the need satisfied would be merely freedom from disease and the educational effect would be nil. One's philosophy of education is inescapably tied to one's philosophy of life which in turn is tied to the soul.

A person's philosophy is said to be unrecognized when she does not *express* herself as understanding education in those terms but nevertheless *uses* this approach most often in her work. A nurse with no specific training in health education may fall into this group. While she may practise the "person oriented" philosophy at a high level, she has not had the experience or specific training which would enable her to recognize this as her philosophy of education. Therefore, she does not recognize opportunities and she has not mastered techniques. She will gain experience as she does all she can to master worthwhile techniques. She will call on persons with special training where indicated and she will spread her philosophy among those with whom she works.

Each of us works as an individual, first within the framework of a particular job or a particular community. In the stress of daily work we are apt to forget the breadth of our sphere of influence with our co-workers, our patients, and our community. The patient's most pressing need may be for freedom from pain, or for the basic requirements of food and shelter. The nurse's need may be for recognition of her efforts. The supervisor's need may be to feel that she is liked and respected by her staff, while the director's personal need may be to feel that she is equipped to do the best possible job of interpreting her division to the community. These needs pull us together at the same time that they are driving us apart. The stress of daily work is responsible to a large degree for the skepticism that we often find directed towards any work that deals with intangibles. What could be more intangible than health education? The seed we sow today may not bear fruit for ten years!

In the past we have tried to compensate for our impatience with intangibles by:

a. Adopting a general attitude of skepticism toward intangibles and concentrating on the "practical" aspects of the program.

b. Competing with commercial advertising and entertainment on radio, television, and in the press.

c. Attempting to involve the public in health programs through community organization.

We have learned a great deal about human nature and human relations. We have found that adopting a general attitude of skepticism gets us nowhere. We have found that competition with commercial advertising and entertainment is necessary if we are to take advantage of the educational opportunities open to us, especially in radio and television. But our concern will be to avoid the flippant, crazy cartoon presentation that has characterized some of the health education material. People can be genuinely interested in the honest truth especially if it is cleverly prepared and presented. We have found that community organization is essential. Our primary concern is to proceed with care. Our program must be tailor-made for each community and must take into account all the forces at work in the community.

There are indications today that in order to produce more tangible results from health education we need:

To emphasize the professional integrity of health and welfare workers.

To improve interpersonal relations among all those who work for health.

To make a definite effort to improve public relations in our community.

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It seems a strange commentary on our times to say that the more we have, the more we want; and the more we get, the more bored and the less happy we become. In the end the dragon Despair swallows us up. On the other hand many of us have found that hardships, dangers, sacrifices, great moments experienced together can produce a spirit of teamwork, of giving, of sharing with others — and that these things breed happiness.

—Sir John Hunt

# Stain Removers

LEONA R. BROWN

## GENERAL INSTRUCTIONS

BEFORE AN ATTEMPT is made to remove a stain, the kind of fabric should be known. The method of treatment adopted often depends as much upon the nature, color, and construction of the fabric as upon the stain. In general the following rules should be carefully observed:

1. Sodium hypochlorite solutions should never be applied to any material containing silk, wool, mohair, or other animal fibre. These fibres are chlorinated by hypochlorite solutions.

2. Oxidizing and reducing agents should never be applied to stained colored pieces until the color resistance to these treatments has been determined by testing a small hidden section.

3. Concentrated and warm solutions of alkalies, particularly of such so-called "strong" alkalies as caustic soda or caustic potash, should never be applied to animal fibres. Alkalies in general are destructive to wool and silk.

4. Traces of mineral acids, such as sulfuric or hydrochloric or acid salts that hydrolyze to form either of these acids should not be permitted to dry or be pressed into vegetable fibres, such as cotton, linen, or rayon. Nitric and oxalic acids also will attack cellulose fibres, if dried into the material.

5. Articles containing cellulose-acetate should never be treated with solvents that dissolve acetate, such as glacial acetic acid, concentrated formic and lactic acids, acetone, chloroform, or tetrachloroethylene.

6. All ingredients that are used for stain removal should be thoroughly rinsed from the article prior to drying or pressing.

7. Excessive frictional action should be avoided in the case of all fabrics especially silk and rayon pieces. Apply suitable spotting reagents to those fabrics with a soft brush. Where the application of some friction is necessary, chafing can be avoided by working on the reverse side of the material.

8. When removing stains it is also essential to work rapidly. Many brief applications of a spotting reagent that is likely to attack fibres or colors are preferable to the practice of using a too-strong solution and permitting it to remain in a stain for too long a period. Either of two methods may be used for small stains: (a) The stained area may be stretched over a bowl of cold water and the spotting agent applied with a medicine dropper. (b) The stained fabric may be placed over a pad of clean folded cloth or white blotters and the reagent applied with a smooth glass rod or with a clean pad of cloth that has been saturated with the spotting agent.

## FABRICS

Since the stain remover may react with the fabric it is well to have a knowledge of some of the characteristics of fibres.

*Animal fibres* — silk, wool: Such fibres are heat sensitive, readily attacked by alkalies, but withstand to a considerable degree, the action of acids (except nitric).

*Vegetable fibres* — consisting essentially cellulose: They are insensitive to heat and dilute alkalies, but attacked by concentrated alkalies and acids.

*Nylon fibres* — extremely resistant towards solvents, unaffected by weak or strong alkali. Decomposed by strong mineral acids. Unaffected by fungi and bacteria. Dissolved by phenol, cresol.

*Rayon fibres* — estron (cellulose acetate): Heat sensitive, easy to clean. Dry cleaning solvents for cellulose acetate fabrics include gasoline, soap and water, ammonia, Javel water and washing soda, glycerin, carbon disulfide, turpentine, vaseline, toluol, good grades of wood or denatured alcohols used cold and washed thoroughly, carbon tetrachloride, benzol, trichloroethylene.

*Viscose rayon* — heat resistant.

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*Vinyl resin fibres* (Vinyon, Saran) — seldom require any other agents except soap and water, but special cleansing agents may be safely used. At room temperature, resistant to common acids and all common alkalies except concentrated ammonium hydroxide. Avoid use of ketones, esters, ethers, aromatic hydrocarbons, halogenated hydrocarbons, dioxane and cyclohexanone.

*Plastic coated fibres* — properties will depend on material forming film over fibre.

## Solvents

Take adequate precautions in their use.

*Chlorinated hydrocarbons* — Carbon tetrachloride, chloroform, trichloroethylene, tetrachloroethylene. Useful for dissolving oils; non-inflammable.

*Coal-tar hydrocarbons* — benzene, toluene, xylene. Often better solvents than chlorinated types. They are inflammable.

*Petroleum solvents* — Stoddard solvent, naphtha, petroleum ether. Cheap. Inflammable.

*Miscellaneous* — Acetone, carbon disulfide; rubber solvent, poisonous and inflammable.

*Pine Oil* (Alphaterpineol) ether, alcohol. Wax and gum solvent; inflammable.

## Chemical Compounds

*Soda, trisodium phosphate* — if hot and concentrated will attack animal fibres and often strip them of their colors.

*Ammonia* (10% solution) — Tends to strip wool and silk of color.

*Hydrogen peroxide* — Use 1 part of 3% solution by volume to 3 parts water and make slightly alkaline to litmus prior to use.

*Potassium permanganate* — Use 1 to 2 oz. per gallon. Use cold. Rinse afterwards with warm dilute solution of oxalic acid, sodium bisulfite or hydrogen peroxide to remove the pink or brown colorization.

*Soap* — Check colored fabrics for fastness before using hot soap solutions.

*Sodium bisulfite* — Use a saturated solution, heat as required. Acts as a reducing agent.

*Javel water* — reduce to 1% concentration prior to use. Suitable only for cotton, linen, and rayon. An oxidizing agent.

*Sodium hydrosulfite* — A reducing agent. Wet stain and rub on a small amount of powder. Rinse, rub with soap and rinse again.

## Types of Stains and their Removal

*Albumins:* Wash from the garment at low temperatures with soap and alkali. High temperatures will coagulate and set the albumin. Since many albuminous spots are often combination spots containing grease, if any trace of stain remains it may be spotted with an organic solvent, such as carbon tetrachloride.

*Alkalies:* Lye, ammonia, paint remover, drain pipe cleaner, etc. They attack wool and silk badly if the solution is rather concentrated and hot. Colors are likely to be affected or even destroyed by alkalies. It is important to neutralize alkaline spots at once. Use any of the following methods: (1) Rinse thoroughly in plenty of water. (2) Apply a solution of oxalic acid to the color until the fabric changes to its original shade. Rinse thoroughly in water.

*Argyrol:* Leaves a light to dark brown stain which can be removed by applying iodine-potassium iodide solution followed by sodium thiosulfate. Put the hypo crystals into a small cheesecloth bag and dip into ammoniated water, then apply to the stain. Then rinse the stain thoroughly with water. Argyrol stains may also be removed by soaking in a hot solution made up with 5 ounces of mercuric chloride and 5 ounces of ammonium chloride in a gallon of water, followed by washing. This is for all fabrics, followed by ammonium hydroxide if necessary.

*Balsam of Peru:* Remove by boiling for some time in a caustic soda solution of 1% followed by rinsing and scouring. Any residual stain may usually be removed by a sodium hypochlorite bleaching treatment. Another method commonly used is to brush commercial oleic acid on the stain and allow to stand for an hour. This should be followed by rinsing with a dilute solution of soda ash. Also recommended is the use of a solution consisting of 2 parts amyl acetate, 1 part benzol and ½

part denatured alcohol. Ether, toluene and carbon tetrachloride have been mentioned as organic solvents to be used.

*Benzoin, Tincture of:* Treatment with a sufficient quantity of alcohol will completely remove the brown stain due to this medicinal compound.

*Blood:* The color of blood stains is due to hemoglobin which contains iron. Blood, a protein, is coagulated by heat. Therefore the temperature should not exceed 100° F. while removing the stain. The stains are eliminated by the washing process, the stain of hemoglobin being eliminated by the action of Javel water. In some cases a brown stain that has developed from the blood iron may remain. This can be removed with oxalic acid solution and then rinsed. Silk or wool pieces may be sponged with hydrogen peroxide to remove the last traces of blood stain. Glacial acetic acid is used to remove old or set blood stain with both mediocre and good results.

*Chewing gum:* The basis of chewing gum may be chicle gum or paraffin. Sugar and flavoring may also be present. If an excessive quantity of chewing gum stain is present, as much as possible should be removed mechanically provided the dried gum can be taken care of without chafing or cutting the material. Fresh stains may be quickly hardened so they remove more easily, by applying an ice cube to the gum. Next apply carbon tetrachloride placing a wad of absorbent cloth or a blotter underneath, and work the stain gently with a smooth glass rod. Apply enough carbon terachloride so that the gum is loosened from the fabric and can be rolled or picked off. If any sugar stains remain, they may be removed by a treatment in water or the piece may be washed.

*Coffee, cocoa and chocolate:* These stains can usually be taken care of by washing. Oxidizing agents may be used to remove traces. Use Javel water on linens and cottons, hydrogen peroxide on silks and wools. Glycerin applied warm to stains made by mustard, coffee, cocoa and chocolate on delicately colored fabrics, is efficient in removing them without damaging the color or fabric. After the application it is allowed to stand for a few minutes and then rinsed with water.

*Cream, ice cream and milk:* Removed by washing at a temperature not exceeding 100° F., otherwise the stain will coagulate. Ice cream stains are similar in composition to cream and milk and in addition contain sugar, flavoring materials, and sometimes eggs. Remove fatty constituents with equal parts of ether and alcohol, the casein portion with dilute ammonia solution and the sugar of milk by repeated washings with water.

*Fingernail polish:* The best stain removers are amyl acetate or acetone (the latter cannot be used on celanese). Another spotting mixture that can be used is ether 1 part, ethyl alcohol 1 part.

*Fruit:* Fruit stains are ordinarily taken care of by the washing process. When not removed this way, they require the use of a reducing or oxidizing agent. The stains may be spotted with cold potassium permanganate, allowed to stand for a minute or two, and then reduced with warm sodium hydrosulfite solution. When hydrogen peroxide is used, render the bath alkaline to litmus paper and soak the fruit-stained material in the oxidizing bath at 120°F. until the stain is gone. If the article is colored, care must be taken to be sure that the color will not be oxidized and stripped by the peroxide solution. White cotton and linen pieces may be treated with Javel water. Fruit stains are also removed with a brief application of sodium bisulfite slightly acidified with hydrochloric acid.

*Gentian violet:* These stains are treated as follows: (1) Soak in alcohol-acetic acid for five minutes. (2) Rinse. (3) Light chlorine bleach. Old stains may leave a yellow color after this treatment. These are removed by drying the fabric and again applying the same reagents.

*Grass stains:* Due to chlorophyll, an organic compound, frequently removed by washing process especially when an oxidizing agent is used. Residual traces may be dissolved or sponged off by ether, or ethyl or methyl alcohol. If alcohol is used, acidifying the alcohol with acetic acid will hasten the removal. Old grass stains are sometimes more difficult to remove than fresh stains. Ether and gasoline are very good solvents. Residual mud stains often

require hand treatment with soap solution. The discoloration frequently can be reduced to a brown color by treatment with oxalic acid, followed by a thorough rinsing and washing treatment.

*Indelible pencil:* The stain is often removed by the washing process. Any traces that remain may be oxidized and eliminated by the action of Javel water on cotton and linen pieces or potassium permanganate solution followed by a sodium bisulfite or oxalic acid treatment.

*Ink:* Two general groups: (1) iron inks and (2) dyestuff inks. Dyestuff inks can ordinarily be removed by a suitable treatment with warm sodium hydrosulfite. Follow the treatment by rinsing carefully. Iron inks may be treated in the same manner. If the iron stain is not removed by the hydrosulfite treatment, follow with a soaking in warm dilute solution of oxalic acid and rinse well. Black marking ink, made with an asphalt base, is generally removed by treating the stain with cresol or with a solution made up of seven parts of phenol and one part of nitrobenzene. This may be rinsed from the fabric with denatured alcohol. Indelible ink or black marking ink that contains silver nitrate is removed by a warm 10% solution of sodium thiosulfate after treating the stain with iodine. Aniline black inks cannot be successfully removed from stained materials. Carbon bisulfide can be used to remove Chinese or India ink and waterproof drawing ink. Turpentine, followed by the regular washing process, sometimes will remove printer's black ink. Old stains of marking, printing and drawing ink may have to be resoftened with oleic acid prior to laundering. When the ordinary dyestuff inks cannot be removed by a treatment with sodium hydrosulfite, an oxidizing agent such as Javel water on cotton or linen, or potassium permanganate, followed by treatment with reducing agent, should be used.

*Iodine, Tincture of:* On unstarched material forms a yellow or brown stain that usually is not taken care of by the washing process. When starch is present, the stain is very likely to be deep blue or black. To remove, simply treat the stain with a warm 10% solution of sodium thiosulfate and rinse.

*Iron* (rust): Remove in a warm dilute solution of oxalic acid. Careful rinsing should follow this treatment.

*Lipstick or rouge:* Often contain dye stuffs or ferric oxide in an oil or fat vehicle. Washing with soap usually removes the fatty material, leaving the iron stain which can be eliminated by a treatment in hot dilute oxalic acid. If coloring matter other than ferric oxide is used, treatment with a solution of an oxidizing or reducing agent may become necessary. In such a case, bleach may be used as the oxidizing agent, and as a reducing agent the strippers or sodium hydrosulfite are good. Alternate treatments of cold dilute potassium permanganate and warm sodium hydrosulfite are effective when the residual stain is due to a dyestuff.

*Mercurochrome:* Remove from cotton and linen pieces by alternate treatments with cold potassium permanganate and warm sodium bisulfite or hydrosulfite. Javel water also can be used, if the concentration is high enough and the treatment long enough, but may tender the material. Colored pieces cannot be treated successfully unless the colors that have been used will withstand alternate oxidizing and reducing. You can sometimes use the above treatment for removing mercurochrome from silk and wool with potassium permanganate but not with Javel water on silk and wool. Generally, mercurochrome develops a very resistant stain on animal fibre which cannot be removed without attacking the material.

*Mildew:* Fresh, light mildew stains are usually removed in the washing process. Deeper stains require soaking for fifteen minutes in cold potassium permanganate solution followed by an immersion in a warm, dilute solution of sodium bisulfite or hydrosulfite. White cotton pieces and linen may be treated with Javel water with success. Heavy mildew stains generally attack fibres and, furthermore, require a rather strenuous treatment for their removal.

*Mustard:* Turmeric stains are usually removed by the washing process. If residual stains remain, they may be treated with Javel water if the pieces are white linen or cotton, or with cold potassium permanganate solution if animal fibres are present. Another method is to use alcohol and glycerin,

equal parts, and rinse thoroughly.

*Perspiration:* Remove by alternately treating the stain with a cold solution of potassium permanganate for about 15 minutes followed by a soaking in a warm dilute solution of oxalic acid or sodium hydrosulfite. If white wool has been stained, an equal amount of Epsom salts in solution should be used with the potassium permanganate. If the color of the material has been altered by the action of the perspiration, it is problematic if the original shade can be obtained after the stain itself has been removed.

*Scorch:* Heavy scorch stains are difficult to remove. A recommended method for treating cotton is to soak it for a number of hours in an oleic acid-carbon tetrachloride solution and then follow with the regular washing procedure. A light surface scorch usually can be eliminated by treating the stain with hydrogen peroxide solution and then pressing carefully under a clean cloth with an iron. Such a practice, however, may tender the fabric to a certain extent. A better plan is to hang the peroxide-treatment pieces in a warm place until the surface stain is removed. Potassium permanganate solution followed by reduction in a warm solution of sodium bisulfite also is used to remove scorch. The removal from colored materials by means of oxidizing agents will not always be successful, since the color may be affected by the treatment. Smoke stains sometimes can be removed from white cotton pieces by boiling the material for thirty minutes in a solution of caustic soda made up at the rate of 1 to 1½ ounces per gallon. This preliminary treatment should be followed by regular washing.

*Silver nitrate:* Fresh stains respond best to 10% potassium cyanide solution, followed by 10% mercuric chloride solution and a rinsing with water. A 10% potassium iodide solution may be used. A yellow stain remains that can be removed by sodium thiosulfate solution. For stains on the skin use: mercuric chloride 10.0; ammonium chloride 10.0; distilled water 80.0.

*Tea:* Usually is eliminated by the normal washing process unless it has been allowed to remain in the fabric for a long period of time. For old tea stains, steep them in glycerin overnight and then bleach them with Javel water if the fabric is cotton or linen. Wool, silk or rayon fabrics should be steeped in a warm borax solution followed by a warm hydrogen peroxide solution.

## Pourquoi "Mourir" à 65 ans?

Enfin, une dernière grande question se pose; pourquoi obliger les gens à cesser de travailler au-delà de 65 ans?

Qu'il soit souhaitable, passé la force de l'âge, de "dételer" un peu, soit!

Mais à quelle situation le pays aura-t-il à faire face quand la proportion de la population âgée de plus de 65 ans se trouvera avoir doublé par rapport à aujourd'hui — ce qui se produira selon toute vraisemblance bien avant la fin du siècle? Peut-on attendre de la société qu'elle serve une rente viagère, éminemment improductive, à une pareille armée d'infirmes sociaux, dont le nombre s'accroît précisément parce que les progrès de la médecine et de l'hygiène préservent de mieux en mieux les humains des maladies et des infirmités physiques qui conduisaient leurs devanciers à l'impotence ou à la tombe?

Que les sexagénaires d'aujourd'hui ou de demain non seulement soient capables de nombreux travaux, mais qu'ils aient besoin physiquement et moralement de rester actifs, c'est une évidence de plus en plus manifeste.

Eut-il dû prendre sa retraite à l'âge "légal," ce botaniste qui, à 73 ans, a découvert l'auréomycine, remarquable antibiotique analogue à la pénicilline?

Ont-ils coutume de payer les gens pour ne rien faire, ces grands industriels qui se félicitent d'employer dans leurs usines, côte à côte, le père, le fils, et le grand-père?

Se dérobe-t-il, le professeur retraité auquel on fait appel pour un remplacement, un cours, une mission d'expert?

Tout est là: trouver et développer des formes d'activité adaptées aux capacités, souvent à peine réduites sinon intactes du point de vue physique, de travailleurs chez qui la compétence acquise et la conscience professionnelle compensent, au demeurant, le juste désir de ménager leurs forces.

Sinon, nous nous retrouverons d'ici quelques années, écrasés sous le poids des impôts et affligés d'une foule de "vieux" mécontents de leur sort.

—Organization Mondiale de Sante

# Le Rôle de l'Infirmière dans la Société

Soeur M. Cecil

La specialisation dont notre époque peut à juste titre s'enorgueillir nous a valu d'immenses progrès. La rapidité de fabrication vient en effet de ce que chaque ouvrier est un spécialiste dans sa propre technique et peut ainsi accomplir son travail dans un minimum de temps. La spécialisation a aussi contribué à étendre et à approfondir le domaine de la science, mettant à la disposition de l'humanité des ressources auxquelles on n'aurait jamais songé dans les temps passés. La spécialisation forme, dans les divers champs d'action, des experts qui font bénéficier la société de toute la richesse de leur science ainsi que de l'habileté acquise dans l'exécution de leur travail. De nos jours, on ne saurait se passer d'experts dans le domaine professionnel. Que deviendraient en effet le droit, l'éducation, la médecine, sans le spécialiste? La spécialisation a, sans contredit, donné d'inappréciables résultats.

Mais, comme tout ce qui est humain, la spécialisation a ses inconvénients. Tout n'est pas parfait dans ce système qui divise pour ainsi dire l'existence en compartiments étanches dont aucun ne communique avec l'autre; il n'en est pas résulté que des bienfaits pour l'humanité. La spécialisation a peut-être étendu et approfondi le domaine de la science mais elle a, presque dans la même proportion, restreint la perspective de la pensée humaine. Chacun est tellement absorbé dans sa sphère qu'il perd, peu à peu, intérêt dans les autres domaines, se formant ainsi un esprit étroit que les anglais qualifient à juste titre de "one track mind." Mais si quelqu'un ose insinuer qu'on est de ceux-là, on se sent piqué. Les professionnels sont encore plus exposés à voir leur pensée se limiter ainsi: plus ils approfondissent leurs connaissances respectives, plus ils sont fascinés par leur science et plus ils y concentrent toute leur attention.

Voyons maintenant la profession d'infirmière. Votre travail consiste dans le soin de la créature la plus compliquée et la plus délicate qui soit: la personne humaine, le chef-d'oeuvre du Créateur dans le domaine de la matière. L'étude que l'on en a faite depuis des milliers d'années n'a encore révélé qu'une partie infime de ses secrets. Des hommes de science découvrent chaque jour des vérités à son sujet, toujours plus intéressantes que celles déjà connues. Rien d'étonnant que le soin d'un tel être réclame toute l'attention de ceux qui le pratiquent. Le soin des malades ne s'exerce pas dans le vide mais sur des êtres sensibles et pensants qui suscitent votre intérêt. Le malade attire votre sympathie et l'intérêt que vous lui portez n'est pas seulement professionnel mais, aussi, personnel. Moins étonnant encore que vous deveniez totalement absorbée dans votre travail — infirmière une fois, infirmière toujours! Ainsi doit-il en être d'une profession que l'on aime et que l'on pratique fidèlement; elle tend à s'emparer de notre existence mais, ici, permettez-moi de répéter un conseil que vous avez maintes fois donné à vos malades: "Oubliez votre travail." Accordez-vous des moments de détente lorsque vos heures de service sont terminées. Le travail doit être limité à un certain nombre d'heures chaque jour. Pendant huit heures vous avez été une infirmière dont toutes les pensées, les actions et les désirs ont été concentrés sur votre noble tâche, celle de soulager l'humanité souffrante. Une fois ces huit heures terminées, votre travail professionnel est accompli; vous pouvez alors, et plus encore vous devez quitter la sphère du devoir pour celle de la récréation, du délassement. Vous enlevez votre uniforme, symbole de votre profession, et endossez des vêtements qui ne vous distinguent plus des autres femmes qui vous entourent; non pas que l'uniforme fasse l'infirmière mais c'est le signe extérieur qui la fait reconnaître. Il est cependant un autre signe par lequel on peut reconnaître l'infirmière et l'on peut quelquefois lui dire, comme la servante du grant prêtre

disait à Pierre, "ton langage te trahit"; l'infirmière n'est plus revêtue de son uniforme mais, souvent involontairement, elle parlera de son travail. Comment peut-il en être autrement, demanderez-vous. Une bonne infirmière a le coeur à son travail et la bouche parle de la plénitude du coeur. Oui, le coeur de l'infirmière est avec ses malades, avec ceux qui souffrent, cela va de soi; suggérons, toutefois, que durant ses heures de congé elle reporte son intérêt sur l'humanité en général, sur les personnes qu'elle rencontre après avoir quitté son service; elle doit passer de la sphère professionnelle à la sphère sociale. Elle fréquente une autre catégorie de gens; ceux-ci ne requièrent pas l'habileté de ses soins. Elle a changé de robe mais non de nature, direz-vous? Son coeur d'infirmière bat avec la même sympathie que sous son uniforme blanc! Cela est vrai, mais elle n'en doit pas moins s'efforcer de diriger cette sympathie vers les gens qu'elle fréquente. L'infirmière devra aussi se créer des intérêts nouveaux qui lui procureront l'occasion de pénétrer dans la vie des autres et d'y exercer une influence heureuse, au cours de ses heures de loisir. Comment devrat-elle s'y prendre? Voilà une question complexe à laquelle il serait difficile de donner une réponse intégrale; les quelques suggestions suivantes pourront peut-être aider à lui faire occuper ses loisirs.

Choisir un passe-temps, une occupation qui s'éloigne autant que possible de son travail professionnel. Que choisir comme passe-temps? Prenons la peine de nous étudier et de nous demander ce qui nous convient le mieux. Avons-nous un talent particulier, des aptitudes pour les lettres, les arts, les activités sociales ou domestiques? Si l'on ne se sent pas ainsi douées, ne nous décourageons pas; nous appartenons au commun des mortels mais nous pouvons encore trouver des passe-temps fort agréables. Repassons nos goûts, les choses que nous aurions toujours aimé faire, la carrière que nous aurions choisie si nous n'avions pas embrassé celle du nursing et laissons-nous ainsi guider vers une activité saine et profitable pour occuper nos loisirs.

Si aucune de ces méthodes ne s'est montrée fructueuse, voyons ce que pourrait nous suggérer un volume traitant du sujet des passe-temps ou des marottes. Voici un échantillon de ce que l'on peut trouver dans un volume de ce genre:

> Travaux en plastique, d'amenuisement, fabrication de petites autos, d'avions qui peuvent voler, de trains, collection de timbres, sculpture sur savon, reliure, décoration en papier, confection de cartables: peinture, modelage en papier mâché, pâte de papier; filet, tricot, fabrication de poupées, de maisons de poupées, de mobiliers de poupées; décoration, travaux en cuir, en feutre ou en métal; dessin, lettrage; culture des plantes dans la maison; photographie; poterie; tours de cartes, magie; confection de paniers; comment fabriquer des mouches et des cannes à pêche; travail sur bois, fabrication de jouets; tissage.

Cette liste a été prise dans un volume de 300 pages. Voilà donc la question de l'occupation de nos loisirs à peu près solutionnée — passons maintenant à une autre suggestion.

### Un nouveau sujet d'etude

Etudier! Ne vous laissez pas effrayer par ce mot. L'étude est en soi naturellement intéressante; ce qui la rend inquiétante, ce sont les examens qui la suivent ordinairement. Si vous choisissez de plein gré un nouveau sujet d'étude, votre curiosité sera excitée, vous serez animée du désir d'apprendre, de savoir.

Ici encore, vous avez l'embarras du choix et vous devrez vous analyser, chercher vos aptitudes, pour faire un choix avantageux. Quelles matières préfériez-vous étudier lorsque vous alliez à l'école? Vous le feriez probablement avec beaucoup plus de plaisir maintenant; peut-être était-ce la littérature — ce serait là un choix idéal pour l'infirmière que son travail met constamment en contact avec les gens, personnages réels qui servent de sujets à la littérature — une psychologie pratique peut se dégager des personnages de nos lectures ainsi que de la façon dont ils réagissent aux diverses méthodes de traitement auxquelles ils sont soumis.

Il est avantageux de se faire des amis parmi les personnages de nos

lectures; l'on peut jouir à son aise de leur compagnie sans risquer d'en être importuné, comme cela arrive parfois avec les amis de la vie réelle. Peut-être aimeriez-vous apprendre une langue étrangère? Il ne faut pas croire que c'est là une chose impossible. Pensez un moment au nombre d'étrangers qui viennent au pays et qui apprennent le français ou l'anglais avec une rapidité étonnante, pour le parler presque couramment. Si ces gens peuvent apprendre notre langue, pourquoi ne pourrions-nous pas apprendre la leur? Il est vrai qu'ils ont une raison que nous n'avons pas et peut-être la plus impérative — la nécessité. Nous pourrions remplacer l'obligation créée par les circonstances, par le désir et la détermination d'apprendre.

Quelle méthode adopter pour l'acquisition d'une langue nouvelle? En voici quelques-unes: Fréquenter des gens qui parlent la langue que vous désirez apprendre; les écouter attentivement quand ils parlent, vous joindre à la conversation en mettant de côté votre amour-propre. Vous serez étonnée de constater en combien peu de temps vous serez capable de faire des phrases, tant bien que mal peut-être, mais pour vous faire comprendre. Attendez-vous à ce que l'on rie de vous de temps en temps. Pensez un peu à ceux qui commencent à parler notre langue, aux tournures bizarres qu'ils emploient ainsi qu'à leur accent qui nous portent à sourire malgré nous, pourtant sans aucune désobligeance. La satisfaction que nous éprouverons vaut bien un sourire, à l'occasion.

Si vous voulez acquérir la connaissance d'une langue étrangère à doses assez légères pour être digestibles, vous pouvez utiliser la méthode qui consiste à prendre un mot facile et commun comme, par exemple, "la maison," y ajouter un adjectif "la grosse maison" puis un verbe, "regarde la grosse maison" et enfin y mettre un adverbe, "regarde la grosse maison là-bas"; voilà une phrase complète et c'est là une méthode pratique au moyen de laquelle on se fait un vocabulaire qui s'augmente logiquement de jour en jour. Voici une troisième méthode, comme dernière ressource: procurez-vous un dictionnaire de la langue que vous voulez apprendre et parcourez-le de A à Z. Si vous êtes réduite à une telle extrémité vous aurez besoin d'une détermination héroïque pour persévérer — mais cela sera tout à votre honneur, si vous y réussissez. Je connais une personne qui a appris à parler le hongrois de cette manière.

Si ce moyen d'étendre vos connaissances semble vous donner plus de peine que de profit, considérez, d'autre part, le double bénéfice que vous pourriez en retirer; non seulement cela vous introduira dans un monde nouveau où vous pourrez vous distraire pendant vos heures de loisir, mais votre sphère professionnelle et votre efficacité dans ce domaine en seront d'autant accrues. Il n'est pas besoin de vous rappeler combien il est compliqué de soigner un malade dont vous ne comprenez pas la langue, ni jusqu'à quel point le rétablissement d'un tel malade peut être compromis s'il ne peut s'exprimer ni se faire comprendre; et, d'autre part, comment la même personne peut immédiatement réagir à des soins, si peu importants soient-ils, lorsqu'ils lui sont prodigués par une infirmière qu'elle peut comprendre. Quelle satisfaction aussi pour ces malades d'être compris. Un bon vieil aumonier qui avait des aptitudes pour les langues ne manquait jamais d'adresser aux malades quelques paroles de salutation dans leur propre langue. Quel éclat alors dans les yeux les plus sombres faisait briller ces quelques mots familiers exprimés de façon si inattendue!

Peut-être avez-vous des dispositions pour les sciences? Pourquoi alors ne pas étudier la psychologie. Voilà une matière des plus utiles pour l'infirmière. La psychologie, comme vous le savez, est cette partie de la philosophie qui traite de l'âme, de ses facultés et de ses opérations; cette science se rapporte donc à la créature la plus fascinante et parfois la plus déroutante, l'être humain — vous — MOI — à qui chacun attache une si grande importance. L'étude de cette science vous permettra de découvrir ce que vous êtes et pourquoi vous êtes ainsi; pourquoi vous agissez de telle ou telle façon, l'influence de l'hérédité et de l'ambiance, quels

motifs vous animent, les relations mutuelles de l'intelligence, la volonté, la nature et la destinée de l'homme. L'étude de la psychologie générale vous introduit dans un monde de connaissances à explorer, savoir, toutes les branches de la psychologie; l'enfance anormale, criminelle, la femme, pour n'en citer que quelques-unes. Je ne crois pas me tromper en prédisant que si vous vous engagez dans l'étude de la psychologie, vous en serez fascinée et il se pourrait que votre langage vous fasse désormais passer non plus pour une infirmière mais pour une psychologue! Le remède serait alors pire que la maladie.

A celles dont le sens pratique est plus développé, voici l'étude d'une science qui leur conviendrait à merveille: l'économie sociale et politique, qui traite de la production, de la répartition et de la consommation des richesses. Ne vous lassez pas de connaissances, vous ferez nécessairement fortune. Vous aurez peut-être appris comment d'autres y sont parvenus. L'étude des sciences économiques est bien appropriée à notre temps — une si grande partie de l'histoire contemporaine s'y rattache. Le patron et l'ouvrier prennent si souvent la vedette de nos quotidiens qu'ils sont fréquemment le sujet de la conversation; une certaine connaissance de l'économie vous aidera à vous exprimer en la matière de façon intelligente et profitable.

Un autre sujet d'étude que l'on pourrait dire sans limites, non seulement pour le temps mais l'éternité, est la religion. Peut-être objecterez-vous que c'est là un sujet très dangereux à discuter et que ceux qui l'abordent en société sont plus aptes à se faire des ennemis que des amis. En effet, la religion est un sujet de controverse à cause des convictions religieuses souvent bien solides des individus, mais point n'est besoin d'en discuter de façon contradictoire. Comme toute autre étude, la religion repose sur des vérités au sujet desquelles il n'est nullement besoin de controverser de façon acerbe. Quand la discussion porte strictement sur la verité, il y a ordinairement peu de désaccord; les divergences d'opinion s'élèvent plutôt de leur interprétation.

J'ai dit que la religion est une science sans limites; en effet, il s'agit de Dieu et Dieu est infini. Aucune autre étude ne peut, autant que celle de la religion, élargir l'esprit et rendre le coeur plus humain. La profondeur et la solidité des convictions, le goût et la capacité de discuter des problèmes religieux ne sont pas un obstacle à la vie sociale. On s'en convaincra en se rappelant l'exemple de l'Homme par excellence, l'Homme-Dieu, Jésus-Christ dont toute la vie fut consacrée au service de la religion. L'Evangile, ce bien pâle résumé de sa vie, nous le montre en effet presque toujours en société. Invité à manger chez les pauvres comme chez les riches, chez les grands comme chez les humbles, parmi des amis ou des ennemis. Il ne se gênait pas de parler ouvertement et toujours à propos, de religion, dogme ou morale. Ses discours, loin d'ennuyer ou d'indisposer ses auditeurs, les attiraient. Ils étaient loin d'approuver ou de croire tout ce que disait Jésus mais ils ne se lassaient pas d'attendre.

La nature humaine, aux premiers temps de la chrétienté, n'était pas bien différente de ce qu'elle est aujourd'hui, Le monde était aussi matérialiste que de nos jours et le monde de notre temps est aussi avide de religion; beaucoup sont persuadés que s'il avait plus de vraie religion, le monde s'en porterait beaucoup mieux. Approfondissons donc nos connaissances dans ce domaine afin d'en faire bénéficier la société au milieu de laquelle nous vivons. Qu'on me pardonne cette digression un peu longue sur la religion dans le sujet supposé professionnel ou social mais, voyez-vous, la religion est ma profession et ma profession, comme la vôtre, se manifeste dans ma conversation.

## Les Arts

Quelques-unes d'entre vous ont sans doute des préférences pour les arts, sous quelque forme que ce soit. Quel royaume enchanteur vous pouvez édifier dans ce domaine! Soit que vous vous appliquiez à l'appréciation ou à l'exécution. Devenir connaisseur en matière d'arts peut vous sembler, au premier abord, quelque chose d'inac-

cessible; pourtant, si nous aimons les arts sous une forme ou sous une autre et si nous étendons nos connaissances dans ce domaine, nous deviendrons capables de les exprimer. Les arts, comme les gens, gagnent à être connus. Prenons la peinture, par exemple; allons en admirer des chefs-d'oeuvres en compagnie de quelqu'un qui est déjà initié à cet art et si vous aimez la peinture, vous serez surprise des connaissances et de la capacité d'appréciation que vous aurez acquises.

Que dire de la musique, maintenant! La radio ne nous procure-t-elle pas l'occasion d'entendre, dans nos salons même, les œuvres des plus grands maîtres? Peut-être ne serons-nous pas en mesure de les apprécier dès les premières fois que nous les entendrons mais, ici encore, si nous sommes en compagnie de quelqu'un capable d'apprécier la musique, nous serons vite gagnées au charme d'une mélodie bien interprétée; notre goût naturel de la musique se développera et que de charmants moments nous passerons pendant nos congés!

Permettez-moi de faire une dernière suggestion dans le domaine des arts. Vous ne devez pas nécessairement vous limiter à l'appréciation d'un art; pourquoi ne pas en tenter l'exécution? On est souvent victime d'une fausse modestie; parce qu'on ne peut exécuter une pièce de musique à la virtuose, on s'en abstient; c'est là une injustice envers soi-même et envers ses amis. Admettons que vous ne pourriez pas vous classer à côté de Paderewski comme pianiste, que vous ne pouvez pas chanter comme Lily Pons ou jouer du violon comme Yehudi Menuhin, on n'attend pas cela de vous et vos amis seraient ravis de vous entendre interpréter agréablement une pièce de musique ou de chant, au cours d'une soirée intime.

Ne croyez pas que votre genre "d'artiste" n'a pas son charme. Chaque genre a sa place et il vaut encore mieux jouer de l'harmonica que de ne rien jouer du tout. Disons que l'harmonica ne remue peut-être pas l'âme comme pourrait le faire un morceau d'orgue ou de violoncelle, mais l'instrument est beaucoup plus commode et la musique peut en être très agréable, à l'occasion.

La musique est un passe-temps agréable et qui convient parfaitement à l'infirmière; nous le savons par expérience et cela a été prouvé scientifiquement, la musique apaise et délasse.

Si vous préférez peindre, voilà une autre manière de vous extérioriser et de donner libre cours à vos émotions; c'est un domaine dans lequel vous ferez de nouvelles connaissances; vos amis seront peut-être heureux de recevoir une de vos peintures en cadeau. Aimez-vous l'art plastique? Faites du modelage; il semble que ce soit actuellement un passe-temps très en vogue.

### Les Amis

Notre monde est fait non seulement de choses mais de personnes et c'est d'elles dont nous traiterons maintenant. Faites-vous, de préférence, des amis en dehors de la profession médicale. Vos heures de travail se passent dans le monde de la médecine. Vos heures de congé s'appellent récréation, ce qui signifie délassement. Changez d'atmosphère, délassez-vous et reposez-vous pour revenir à votre service rafraîchie et avec une énergie nouvelle, avec le sentiment qu'il est bon de revenir, sentiment que l'on ne peut éprouver que lorsque l'on s'est éloigné. Comment vous faire des amis en dehors de la profession? Les divers passe-temps dont on a parlé peuvent vous mettre sur une bonne piste vers de nouveaux amis. Si vous êtes une ardente collectionneuse de timbres, vous rencontrerez parmi les philathélistes des personnes dont vous aimerez vous faire des amis; la conversation ne portera plus alors sur les choses de la médecine mais sur les collections de timbres.

Un autre sentier vers des amis en dehors de la profession médicale est celui du sport. Avons-nous besoin de rappeler à l'infirmière les bienfaits de la culture physique? Elle sait bien qu'après un bon exercice en plein air, elle se sentira mieux disposée pour accomplir le travail parfois astreignant qui l'attend. Le choix d'un sport est relativement facile, à condition qu'on ne fasse pas passer son amour-propre au premier rang. Vous ne patinez

probablement pas comme Barbara Ann Scott, mais est-ce là une raison pour vous en abstenir? Il s'agit pour vous d'une détente et d'un plaisir, non pas d'une carrière comme dans son cas; peut-être aime-t-elle faire du nursing pendant ses heures de loisir? Dans le choix d'un sport, considérez ceux auxquels prennent part un certain nombre de personnes à la fois afin de vous y faire des amis. Dans votre cercle intime d'infirmières, vous pouvez bien prendre une partie de tennis, de badminton, mais encore et toujours dans l'ambiance médicale tandis que si vous jouez aux quilles vous rencontrerez des personnes d'autres milieux. L'exercice physique que vous vous accorderez sera suivi d'un délassement mental puisque vous continuerez, une fois la partie terminée, à parler sur ce sujet avec vos nouveaux amis.

Le sport nous amène à parler d'un sujet très à la page, le club. Qu'y a-t-il de plus répandu que les clubs, de notre temps? Il en existe pour toutes sortes de choses. Vous êtes sûre de trouver un club correspondant au passe-temps que vous aurez adopté ou à l'étude que vous aurez entreprise. Dans les pages jaunes du bottin téléphonique vous verrez les noms de nombreux clubs ou groupements et ce ne sont là que ceux qui ont le téléphone; il en existe beaucoup d'autres.

J'arrive ainsi à la conclusion de mon article et j'emprunte ici le conseil qu'un professeur de musique donnait à ses compagnons d'enseignement et qu'il serait hors de ma compétence de donner moi-même: Mariez-vous en dehors de votre profession. Ceci peut s'appliquer aux infirmières qui ont des intentions matrimoniales; ne vous choisissez pas un époux dans la profession médicale! Autrement, vous serez liée à la profession médicale jusqu'à la fin de vos jours. Le répartition des connaissances médicales, si utiles dans le ménage, ne serait-elle pas plus équitable si les médecins épousaient des sténos ou des vendeuses et les infirmières, des facteurs ou des conducteurs de tramways. Il y a naturellement exception à toute règle et s'il s'en trouve parmi vous qui ont déjà songé, et peut-être avec succès, à capter les attentions d'un beau jeune médecin récemment arrivé dans le service, ne faites aucun cas de ces dernières phrases et continuez votre chemin, avec mes meilleurs vœux de bonheur!

Pour mettre fin à ces propos, permettez-moi de vous rappeler que, de toutes les professions qu'une femme peut choisir, la vôtre est la plus universellement aimée et respectée et elle convient si bien à la nature de la femme dont le coeur sensible est si apte à percevoir la douleur et dont les mains peuvent la soulager avec tant de douceur. Elle ne convient pas moins à la "surnature" c'est-à-dire à l'âme de la femme sanctifiée et surnaturalisée par l'état de grâce. La profession d'infirmière a en effet pour objet immédiat ces oeuvres de miséricorde corporelles d'après lesquelles le Christ lui-même nous a avertis que nous serions jugés à la fin du monde. "J'étais malade et vous m'avez visité... Ce que vous avez fait au moindre de ces petits c'est à moi que vous l'avez fait. Venez posséder le royaume qui vous a été préparé dès le commencement du monde." Le modèle que vous avez à suivre n'est nul autre que le Christ lui-même qui a passé en faisant le bien. Pendant toute sa vie publique il a guéri les corps et les âmes et il s'est comparé au médecin. Il a promis de récompenser même un verre d'eau donné en son nom. Et l'Evangile vous rappelle souvent qu'il ne se contentait pas de toucher les corps pour les guérir, mais qu'à cet acte de miséricorde corporelle Il joignait des paroles destinées à encourager et à réconforter les âmes; ces quelques mots, il les adaptait aux personnes à qui Il s'adressait. Ce n'était plus le langage du Fils de Dieu s'adressant à son Père du Ciel mais celui du Fils de l'Homme parlant aux hommes, ses frères, de choses qui les concernaient intimement. Et Il leur parlait ainsi pour toucher et gagner leurs coeurs et les amener ainsi à aimer son Père. Allez et faites de même!

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"If you are in doubt," said Talleyrand, "whether to write a letter or not — don't!" And the advice applies to many doubts in life besides that of letter writing.

# NURSING EDUCATION

## Nursing Education Building

### Ottawa Civic Hospital

B. JEAN MILLIGAN, B.N.

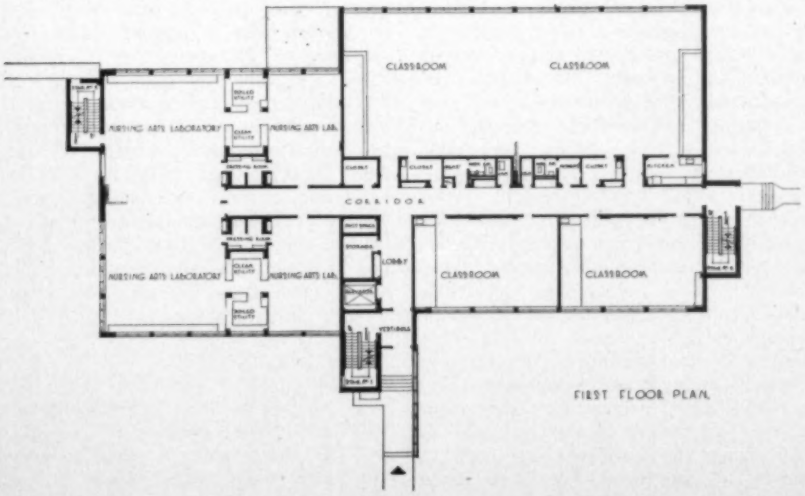
"You have gone ahead to bring all parts of (your) institution together under one roof and to provide facilities for the training of nurses which, I am sure, are unsurpassed in Canada," said His Excellency, Governor General Vincent Massey when he officially opened the new Nursing Education Building at the Ottawa Civic Hospital on January 25, 1955.

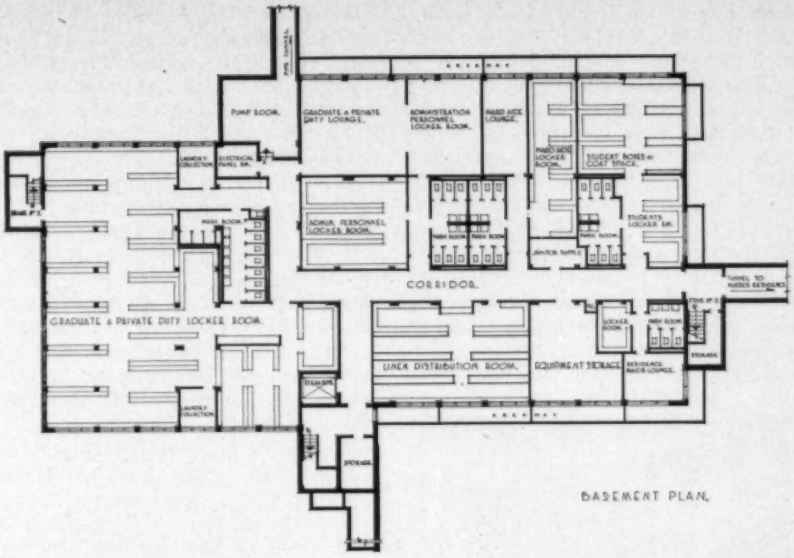
We believe that our handsome two-storey red brick building, erected at a cost of $750,000 for building and equipment, is unique. It is the first hospital school in Canada to be entirely separate from the other buildings.

The main entrance is attractive and modern. Beside the door, our school crest is carved in white stone. Just inside is hung the new Coat of Arms of the City of Ottawa presented to our school by Her Worship, Mayor Charlotte Whitton.

While we had dreamed about this for some time, it was just three years ago, that we actually started to draw the plans. Members of the faculty with ever-ready guidance from Miss Edith Young, our director of nursing, were privileged to work on these plans. Many of their ideas were incorporated into a rough drawing, accompanied by a 12-page booklet of specifications, which was presented for the consideration of the architects, Hazelgrove and Lithwick. Few major changes were made in the over-all plans. We were fortunate that throughout the construction Dr.

Miss Milligan is associate director of nursing education at the Civic Hospital, Ottawa, Ont.






Hazelgrove and his assistant, Mr. Helmer, were always ready to listen to suggestions. About a year after the plans were started the first sod was turned. Fifteen months later we welcomed our new class into a new building.

The structure has a steel frame with long-span floor supports. This made it possible to eliminate many solid walls and to incorporate many folding partitions. The flexibility thus gained makes many areas available for a multiplicity of uses. The interior is finished with natural birch woodwork. The colors are bright and range from ivory to scarlet. Turquoise or beige are found in the laboratories, blue or scarlet in the stairwells and corridors.

Fluorescent lighting on low voltage switching is used throughout the building. This allows any or all lights in any one room to be operated from a single switch, to give even illumination throughout the room. Natural lighting is provided by wall-to-wall windows curtained with fibre glass marquisette which diffuses the direct sunlight and makes blinds unnecessary.

Special rooms have been set aside for anatomy models and charts, and projection equipment. Every room has hot and cold running water. An intercommunication system links each classroom with the main office.

On the main floor are two large classrooms each accommodating 120 students. These are separated by modernfold doors which make it possible to use them as an auditorium. That it would adapt itself easily to this purpose was shown at our opening when it was tastefully decorated in our school colors and seated 480. Off this room is a small kitchenette so that light refreshments may easily be served. We are proud to have here a grand piano, the gift of one of the members of the Women's Auxiliary of the hospital. Across the hall are two smaller lecture rooms each accommodating 60 students.

The nursing arts laboratories are unique in design and are arranged so that four classes may take place at the

*Utility room, one nursing arts lab. on each side.*

same time. A modernfold door divides one room into two units of four beds each. Each of these units in turn is separated from another four-bed unit by a utility room. In all of the classrooms are movable cupboards which store linen, trays and other equipment that may be needed by the student. Large drawers are provided for Chase dolls. In each of the two larger rooms, one portable cupboard is fitted with a stand that serves as a blackboard on one side and a bulletin board on the other. The utility rooms have both a soiled and clean area, sterilizers, and linen chutes and may be cut off from

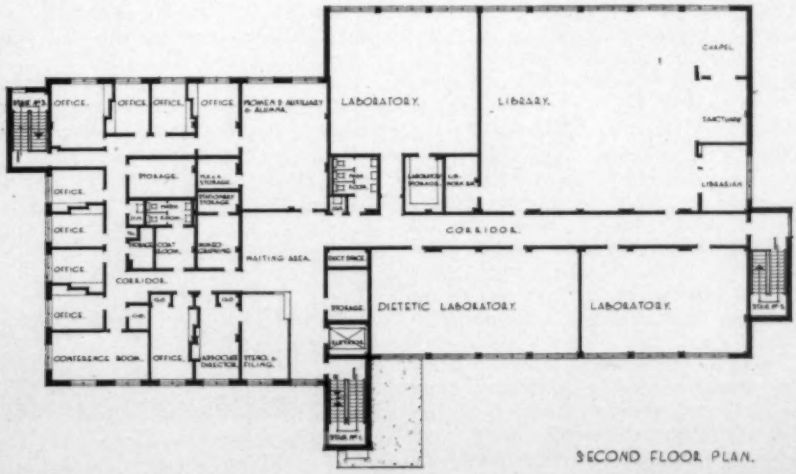
*One division of the nursing arts laboratory*

one or both nursing arts laboratories by modernfold doors. There are dressing cubicles for the student "patients" as well.

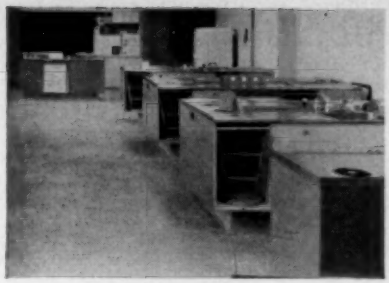
The main floor corridors are lined with five glass display cases. It is our intention to change these exhibits at regular intervals and so far we have had wonderful cooperation in this respect. One depicts the growth of the hospital and school. A relief model of all the hospital buildings, made by a pre-clinical student, is backed by pictures of the sod-turning and laying of the cornerstone ceremonies. It is encircled by the gilt and purple shovel with which the Patron of our school of nursing, Mr. E. Norman Smith, turned the sod, the silver trowel which the Mayor used when she officiated at the laying of the cornerstone, and the key to the building which was presented by the Governor General at the official opening.

Another cabinet has a display of posters and professional literature referring to our professional organization for we feel it is important to keep these in front of the students constantly. A third cabinet holds 22 dolls. These depict all the uniforms (student and graduate) which have been used in the school since it was opened in 1924, as well as those from our parent schools, the Lady Stanley Institute and the St. Luke's General Hospital. Our affiliating students are also represented.

Knowing the difficulty we have in keeping up to date on the new drugs, many of the pharmaceutical companies have been most helpful. One cabinet is permanently set aside for drug



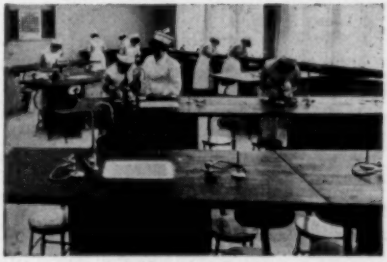

SECOND FLOOR PLAN.



*Part of the Dietetic Lab.*

displays. A fifth is devoted to topics currently under discussion in the classroom. The present display is on post-graduate studies and opportunities in nursing.

On the second floor are the laboratories, the offices and the library. The dietetic laboratory, designed by our dietitians is also quite different. It contains nine complete kitchen units each with its own built-in oven, hot plates, sink and storage areas. Each unit has its own distinctive color and all exposed metal and fittings are stainless steel. This room also has a garbage disposal unit. Two science laboratories complete the classrooms.



*A Science Laboratory*

One is used for chemistry and anatomy, the other for microbiology and pharmacology, and have the latest equipment, including an incubator.

A conference room to accommodate 24 people has proved to be most useful for faculty meetings and discussions with small groups of students. A lounge furnished by the Women's Auxiliary provides an attractive meeting place for auxiliary and alumnae members.

There are eight single offices and two double offices furnished with modern steel desks and attractive green posture chairs. Each office has its own built-in book shelves and a large cupboard. A buzzer system connects them with the main office.

I have left mention of the library to the last because it is felt that, when fully completed, this will become the heart of our building. It is a large, well lighted room with space for reference and fiction books. We were particularly fortunate that our Patron furnished this room with modern study tables and chairs, and seven comfortable leather-covered easy chairs. A portrait of the Governor General which he presented to us, is hung here. One unusual feature of this room is the alcove designed for a chapel. While this has not been completed as yet some donations have been made and the clergy have been approached with the suggestion of a 3-way revolving altar, so that each religion may hold its own service. The Alumnae Association is providing a Hammond organ.

We have been using the building since September, 1954. Our faculty has found that the improved facilities and equipment have made their tasks lighter; our students have found that it has made learning easier. For my own part, I feel that it has been a wonderful opportunity to see the building grow, and a real experience to help choose equipment. I hope it will truly prove to be what our director has aptly called "scientific advancement in the field of nursing education."

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A gift of 72,000 tins of Aylmer baby food was presented to the Canadian Red Cross Society by Canadian Canners Limited. The shipment was valued at $9,000. It was loaded aboard a railway car bound for Saint John, N.B., to be transferred to the S.S. "City of Johannesburg" for delivery in Korea. In the Far East, distribution will be handled by Miss Helen G. McArthur, relief coordinator for the League of Red Cross Societies. The bulk of the shipment will be given to the Korean Red Cross hospital in Seoul and to the Children's Sanatorium at Inchon.

# A Canadian Nurse Studies English Obstetrics

MARGARET E. ROBINS

WORKING WITH ENGLISH MIDWIVES in my own hospital in Canada, stimulated my interest in English midwifery and my personal desire to travel across to England to see for myself. I felt that to be able to gain firsthand knowledge of the people and the work would help to broaden my own outlook in obstetrics. This privilege of coming to England was made possible by the help of the National Birthday Trust Fund, a benevolent organization which has worked incessantly since 1928 to help improve and extend the maternity services in Great Britain. The Trust provided a yearly grant to enable me to work in the Research Unit of Obstetric Analgesia in the Department of Obstetrics at Hammersmith Hospital as a post-graduate scholar. This association with the Research Unit has enabled me to take an active part in the investigations of problems which may arise in connection with the administration of analgesic drugs during labor. The work will be described at length later in this article.

Before describing the routine of the obstetric department, I think it timely to give a picture of the hospital and its various functions. Hammersmith Hospital houses the Postgraduate Medical School of London, and the Institute of Obstetrics and Gynaecology, both belonging to the University of London. The fact that the medical teaching for doctors, is entirely post-graduate makes the hospital unique. Much advanced research is carried on within its confines. The obstetric and gynecological departments are controlled by a professor, who is assisted by a reader and a senior lecturer.

Each of these senior members of the staff has his own team of senior registrar, registrar and house doctor. In this way, three teams control the working of the department. The midwifery nursing staff is supervised by the superintendent of midwives who is assisted by a deputy superintendent and a departmental sister. Each ward is staffed by a midwifery sister, a staff nurse, and pupil midwives. The routine work of the obstetric department is carried out in the following way:

There is a rota of duty shared by the three medical teams. In the course of these duties members of the team on duty pay visits to the antenatal, postnatal and labor wards — to the latter, every four hours and when problems or emergencies arise. The doctors on duty are at all times finally responsible for all patients, whether the latter have been delivered by the midwives or by a medical person. As far as the practical work in the labor room is concerned the midwives conduct all normal labors and deliveries while abnormal presentations, and any other obstetric emergencies are conducted by the medical staff.

The training of a midwife consists of one year's special study following the three years' training as a general nurse. The Central Midwives Board controls and lays down the rules concerning the education of the midwife. The qualifying examination is in two parts. Hammersmith Hospital is recognized as a training school for the Part I examination, and provides practical experience in the antenatal clinic, lying-in wards, labor room and premature baby unit, this over a period of six months. After witnessing several deliveries, the pupil personally delivers 10 cases during the six months of training. She is also required to administer nitrous oxide and air analgesia to at least 15 women in labor. She is supervised by the superintendent of widwives and her staff throughout all practical procedures.

The curriculum consists of 40 lectures from staff obstetricians, pedia-

Miss Robins is now on the staff at Women's College Hospital, Toronto.

tricians and an anesthetist. The theory is supervised by the sister tutor who is responsible for organizing the lectures and training. After completion of the first six months' training, and having been successful in the Part I examination, the pupils may work as maternity nurses but are not allowed to practise as midwives until they have completed the second six months of training and passed the final part of the examination. The second part of the midwifery course is spent in learning to take normal cases on their own, three months in hospital, and three months on the district delivering patients in their own homes.

My deepest impressions have been derived from the day to day working of the department, particularly in the labor room itself. Although the principles of the labor and delivery are naturally the same, it has been interesting to see the process tackled in a different way. The attitude of the obstetric world here is that labor is a physiological process and therefore should be kept as nearly normal as possible, avoiding anesthesia as opposed to analgesia, and employing forceps only when abnormal conditions arise.

The fact that anesthesia is not used for normal deliveries does not mean that the control of pain in childbirth is ignored. Many methods are employed to help and relieve the patients, but they must be of such a nature that they will weave easily into the pattern of the midwife's work. In this hospital the problem of pain in childbirth is tackled early in pregnancy when the patient is invited to attend antenatal training classes. She is told about the course of pregnancy and labor and the part she can play to help herself. She is taught simple breathing exercises and, in particular, the art of relaxation.

Primigravidae are chosen mainly because of the difficulties encountered by the average multipara in obtaining help to look after her other children while she attends the classes—although it was most encouraging to see the number who overcame this difficulty in order to come along. Through contact with these patients at the classes, during labor, and subsequently in their postpartum period in hospital, I found them to be most enthusiastic about the help given by the antenatal training. They also emphasized how much they appreciated the contact with the midwives at the classes, and later to have their help during labor.

At this point it might be interesting to review the routine procedure for a normal delivery as carried out in this hospital. After being admitted through the antenatal clinic, the patient in labor is taken straight to the labor suite. Here a pupil midwife and a senior midwife give her a routine examination and prepare her for labor. She is then taken to a bed in the first stage ward where she will remain until the onset of the second stage. During the early part of labor the patient is encouraged to walk about, obstetrical conditions permitting. Patients who have attended the antenatal classes are psychologically prepared for labor, and are able to relax between contractions and do the abdominal breathing exercises when the contractions occur. I have noticed that the patients who have not taken advantage of the classes seem to require more attention and encouragement, and certainly need sedation at an earlier stage than the prepared mothers.

The drugs most used for the relief of pain in labor are, pethidine (demerol) and scopolamine, nitrous oxide and air, and trilene. The barbiturate, seconal, may be given sometimes in early labor, but on the whole the barbiturates are not much used. Since the analgesia used for the patients in normal labor is given by a senior midwife the following rules are laid down for her guidance, always bearing in mind that they must be adapted to each patient and the response she will make to the drugs.

When labor is well established, contractions being regular and making the patient uncomfortable, and the os uteri about three fingers dilated in a primigravida and the corresponding stage in a multipara, an intramuscular injection of 100 mg. pethidine and 1/150 gr. scopolamine is given. When the effect is wearing off and more relief is required, and if, on rectal examination, the cervix is found to be three-quarters or more dilated, pethidine 100 mg. is administered. If pro-

gress is slow and the cervix no more than half dilated then the combined dose of pethidine and scopolamine is repeated. However, it appears rarely necessary to repeat the latter.

Towards the end of the first stage of labor and during the second stage, the patient may be given either nitrous oxide and air or trilene and air to inhale. Both of these inhalation analgesics are self-administered from simple types of apparatus, and aim at producing analgesia and anesthesia. The patient is fully conscious throughout the birth of her baby and is expected to cooperate with the midwives.

As soon as the second stage is imminent the mother is moved into the delivery room. There she is encouraged and assisted by the midwife in charge of the case until her labor is over. I have noticed that the patients expect to be conscious throughout the baby's birth, and their greatest desire is to participate fully during this time. Nor will they accept an inhalation of any kind if they think it will render them unconscious. This is particularly noticeable in those mothers who have attended the antenatal classes. It was quite a pleasure to see the patient lift up her head and express her joy at seeing her baby immediately it was born, even before the umbilical cord had been cut. When it was all over, and the patient had been made comfortable, how much she enjoyed her cup of tea! The conduct of labor appears to be taken as a very simple and natural procedure throughout.

Earlier in this article I mentioned that I have had the opportunity of participating in a research program concerned with drugs used in the relief of pain in labor. The main object of this research has been to discover what effects the drugs may produce in the newborn infant. One study was made to measure the amount of air that newborn infants take in (a) in one breath, i.e., the tidal air, and (b) over the period of one minute, i.e., the minute volume. A specially constructed spirometer was used for this purpose. One of my special duties was to go to the delivery room and make these recordings on the newborn infants, then to follow them up for a few days.

Another research project in progress is the recording of fetal electrocardiograms on patients before and during labor. The machines used for this purpose are, as would be expected, highly sensitive so that they can pick up such small electric potentials as those produced by the fetal heart.

Apart from the research, there is much of interest going on all the time in the obstetric department. Considerable use is being made of radio-active isotopes in the localization of the placenta and in the investigation of the placental circulation. All of this is a part of the important work on the problem of toxemia of pregnancy and other associated diseases. The hospital has within its grounds a large concrete building containing a new radiotherapy unit and a cyclotron belonging to the Medical Research Council. Such an acquisition makes radio-active substances more readily available.

Besides the routine methods of resuscitation of the newborn which are carried out, newer measures have been introduced into the department. Some are still in the experimental stages but such things as the tidal air and the intrathoracic negative pressures have been taken into account when constructing the apparatus. A respirator has been devised whereby any spontaneous respiratory effort of the child, however small the inspiration may be, can be assisted synchronously by the mechanism. It is of interest to note that a phrenic nerve stimulator has been used to initiate respiration in asphyxia neonatorum, with very satisfying results.

These are my impressions gained during my stay of more than 18 months in the obstetric department of Hammersmith Hospital. An unusual hospital in its make-up and also because of the great amount of research being done, the routine conduct of the department presents a true picture of British obstetrics. I feel that I have gained considerably through seeing and hearing this post-graduate work and teaching.

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**Tolerance:** the ability to laugh when someone steps on your mental toes.

## *Marion Lindeburgh's Corner*

# A Professional Challenge

## 4. The Ascent of Everest - an Analogy

THE ANALOGOUS RELATIONSHIP BETWEEN the success of the Mt. Everest expedition and accomplishments, so far, of the nursing profession, as viewed in the Canadian scene, has been exposed sufficiently to acknowledge that nurses are climbers too. It has shown that they are manifesting, in varying degrees, those similar characteristics which result in progressive achievements — a high purpose and a goal to be reached; the spirit of adventure, insight, foresight and understanding upon which sound organization and planning are based; determination and perseverance, physical and mental fortitude, and last but not least, cooperative working relationships and coordination of functions.

Before fully turning the spotlight upon nurses for the purpose of making them better climbers, it is fitting to bring *student nurses* into the picture.

While the nursing profession is providing increasing leadership from its ranks it is well to note that potential leadership for the future exists within the body of student nurses enrolled in schools of nursing. While our schools are doing much more than "In the Good Old Days" to prepare students to assume professional responsibilities, it is not to be expected that graduating students should blossom out into interested, informed and active members of their nurses' association, if they have had but little previous contact with those who are leading the way.

It is a hopeful prospect to observe the tangible evidence of increasing interest, by national and provincial associations, in students as potential professional nurses whose interests in the work of nurses' associations should be stimulated and better understood. There is evidence, too, that students are becoming more closely associated with the professional bodies.

Attendance of students at meetings of the C.N.A. has been encouraged for some time. It is gratifying to note that special programs are being designed for the benefit of attending students. We have familiarized ourselves with the report of the special session held for students at the last biennial meeting under the title, "Public Relationships of Student Nurses." One is impressed by the forward and constructive suggestions that were made. They are worthy of study by all who are concerned with the professional growth of student nurses. Their presence at a session dealing with "Changing Patterns of Nursing Education" provided a stimulating and illuminating event. Imagine their anticipation in "getting in" on such a provocative discussion about the very thing that concerned them most! Their "concomitant learnings" would rank high! By all accounts the students had an eye opener or, in more suitable terms, a *mind* opener. Some of them may have been overcome by the effect of the overflowing draught of mental stimulant to which they were treated.

Student nurses have long had a section in *The Canadian Nurse* for which they are responsible. As evidence of their desire to make a worthy contribution they are asking for more space. *The Canadian Nurse* annual subscription award is another indication of national interest in students. It carries recognition and close-at-hand opportunities for professional reading to promising Everest climbers.

The startling "Birth Announcement" in the January issue drew immediate attention but things were not what they seemed at first glance. It brings good news, nevertheless, of another newly formed student association under provincial sponsorship. The stated progressive objectives will have definite benefits to both associations. The possible outcomes of well organized and active provincial student associations should do much to assist students to

discover their own social and professional needs, to become vocal and articulate and to acquire confidence in assuming responsibilities of leadership. Student nurses are on the march; they are being seen and heard; they have caught sight of their Everest.

A graduating student delivering a valedictory oration said in closing:

And so we look to the future with humble but enthusiastic hearts. The road is uphill all the way . . . We aim to go on climbing with the aid of our lamps, to light the way for those who follow.

What a close analogy — student nurses with their Nightingale lamps and the Everest climbers with their ropes, ladders and ice-axes both pursuing their ascent.

# In Memoriam

**Marion Lindeburgh, O.B.E.,** died in her sleep at Victoria on March 19, 1955, but the indelible impression of her active, dynamic leadership in nursing will remain throughout the years to come.

Born and educated in Saskatchewan, Miss Lindeburgh taught in public and high schools for 12 years before the urge to become a nurse led her to St. Luke's Hospital, New York, in 1916. Following graduation she remained on the staff there for three years as head nurse, clinical supervisor and night superintendent. She returned to Saskatchewan in 1922 and for seven years was director of health education at the Provincial Normal School in Regina.

Miss Lindeburgh joined the faculty of the McGill School for Graduate Nurses in 1929 as instructor in teaching in schools of nursing. Her buoyant personality and indefatigable energies were in a large measure responsible for the continuance of the School during the depression years when she was acting director. She was appointed director and associate professor in 1939. Until her retirement because of ill health in 1950, Miss Lindeburgh devoted her life to her "girls." She was appointed professor emeritus in nursing in May, 1953.

MARION LINDEBURGH

Her energies were by no means concentrated in her work at McGill. During the summer sessions Miss Lindeburgh labored to more fully qualify herself by securing both her bachelor's and master's degrees at Teachers College, Columbia University. She produced the Proposed Curriculum for Schools of Nursing in Canada in 1936 and four years later had another book ready — the Supplement that broadened the understanding of the importance of clinical teaching. She wrote innumerable thoughtful magazine articles. She was always in great demand as a leader of refresher courses. Nor was the professional association work neglected. She convened the Public Health Section of the S.R.N.A. for seven years, was chairman of the Committee on Nursing Education of the C.N.A. for eight years and after serving as second vice-president of the C.N.A. for four years, became president in 1942.

The King's Honor List in 1943 paid tribute to Miss Lindeburgh's magnificent professional contribution when she was made an Officer of the Order of the British Empire. Our national association gave recognition to her selfless devotion by presenting her with the Mary Agnes Snively Medal in 1944. She became an illustrious alumna of the University of British Columbia when, in 1950, the degree of Doctor of Science *(honoris causa)* was conferred upon her. The citation read at that time will be a fitting epitaph to one who never shirked:

"She has brought selfless devotion, infinite persistence and rare distinction of mind and character to her lifetime task of advancing the art and science of nursing . . . the Senate of this University in presenting

her for this degree pays tribute to her unconquerable spirit, her pre-eminence in this field, and gladly acknowledges the debt which contemporary nursing education owes to her."

* * *

**Katherine (Covert) Bissett,** who graduated from the Royal Victoria Hospital, Montreal, in 1928, died at Halifax on February 16, 1955. After graduation, Mrs. Bissett secured her certificate in public health nursing from the McGill School for Graduate Nurses and worked for a time on the staff of the Victorian Order of Nurses in Halifax.

* * *

**Helen (Knowles) Boyd,** who graduated from the Toronto General Hospital in 1912, died at Simcoe, Ont., on January 28, 1955, in her 69th year.

* * *

**Florence Muriel Church,** who graduated from St. Luke's General Hospital, Ottawa, in 1911, died suddenly at Aylmer, Que., on February 10, 1955. Miss Church engaged in private nursing until 1914 when she joined the school nursing staff in Ottawa. Chief nurse for many years, she retired in 1948. A year later she was engaged as school nurse for the Aylmer Protestant Schools, giving up this work in 1951.

* * *

**Adelaide Coonie,** who graduated from Toronto Western Hospital in 1904, died recently.

* * *

**Elizabeth Egan,** a graduate of the Ottawa General Hospital, died suddenly at Ottawa on February 23, 1955, at the age of 60. Miss Egan had engaged in private nursing all of her professional life.

* * *

**Jean Elizabeth Fraser,** a graduate of Hôtel Dieu of St. Joseph, Edmundston, N.B., died on December 22, 1953.

* * *

**Margaret L. Hardie,** who graduated from the General Hospital, Stratford, Ont., in 1912, died at Listowel, Ont., on January 16, 1955, at the age of 75. She had been ill for one week.

* * *

**Christine McKenzie,** a Nova Scotian who trained and practised in Boston, died there on February 8, 1955.

* * *

**Pauline (McDiarmid) Murcheson,** who graduated from St. Paul's Hospital, Vancouver, in 1936, died at Vancouver on February 8, 1955. A graduate in public health nursing from the University of British Columbia, Mrs. Murcheson served for eleven years with the Metropolitan Health Committee in Vancouver prior to her marriage.

* * *

**Maybelle Edith (Hammond) Murley,** who graduated from St. Paul's Hospital, Vancouver, in 1933, died at Vancouver on February 14, 1955.

* * *

**Edith Parkin,** a native of Toronto who trained and worked in the United States, died at Toronto early in February, 1955.

* * *

**Evelyn Penny,** who graduated from St. Joseph's Hospital, Glace Bay, N.S., in 1947, died at Corner Brook, Nfld., on December 18, 1954, following an automobile accident. After graduation, Miss Penny worked at the Western Memorial Hospital in Corner Brook until she joined the staff of the Victorian Order of Nurses there in August, 1954.

* * *

**Jean (Martin) Ross,** who graduated from Toronto Western Hospital in 1928, died recently.

* * *

**Winnifred (Barr) Sparham,** who graduated from the Royal Victoria Hospital, Montreal, in 1914, died at Trail, B.C., on February 8, 1955.

* * *

**Mary Frances (Sterrett) Stevens,** who graduated from Toronto General Hospital in 1915, died at Toronto on February 16, 1955, at the age of 67.

* * *

**Mary Thompson,** who graduated from St. Michael's Hospital, Toronto, in 1927, died there on January 14, 1955, following a lengthy illness. Miss Thompson had engaged in private nursing for many years. Latterly, she was employed as an industrial nurse.

* * *

**Eileen (Connors) Woods,** who graduated from St. Joseph's Hospital, Glace Bay, N.S., in 1935, died at Halifax in January, 1955, following a short illness.

* * *

**Alexandrena Rebecca (Halladay) Zwipf,** who graduated from Chambers Memorial Hospital, Smith Falls, Ont., in 1922, died in February, 1955, after being ill for only five days. She was 54 years of age.

# NURSING SERVICE

## Good Body Mechanics

LORRAINE MCMULLEN

WHAT ARE THE ESSENTIALS of good personal posture and body mechanics? Normal posture in health must be well understood before deviations from the normal will be easily recognized, and before good posture can be duplicated in the modified positions of the patient in bed. Good personal posture and body mechanics in nursing are important in order to reduce and prevent backache and other symptoms of strain, as well as to provide greater safety for the patient.

Good posture is defined as that position of the body in which it is well balanced and maintained in optimal relationship with the least possible effort. The weight is borne on the toes, ball, outer border and heels of the feet and shared equally between the heel and forefoot. The knees are relaxed, with the kneecap pointing forward. The sternum is the farthest forward point of the body. The abdomen is flat. The factors that most affect maintenance of good posture are — balance, gravity, muscle tone, free joint motion, attitude, general health status, fatigue, hearing or visual defects and environment such as furniture and clothing.

In activity, maintenance of the trunk in an erect position is essential. Several main principles for use of the body with the least strain and muscular effort are:

1. To maintain a wide base of support by spreading the feet apart either in a stepping position or a side step.
2. To keep the centre of gravity over the base of support for all lifting or reaching upward or downward activities, or for all beginning postures from which action is to occur.
3. To use momentum and body weight to overcome inertia and add effectiveness to pushing or pulling movements.
4. To use the large muscles of the lower extremities to propel the body in pushing, lifting and reaching activities. Also to use the large muscles in raising or lowering the body to best working level, thus maintaining the trunk erect to favor good breathing, and avoiding unnecessary use of trunk muscles. Give advantage to these muscles by facing the work to be accomplished or pointing the feet and trunk in the direction toward which motion is to take place.
5. To use arms as levers, to hold objects in such a way that the use of weight, momentum and movement of lower extremities can produce the desired effect of moving the trunk.

This review of body mechanics will make us realize that most of us have room for improvement in our own use of these principles. Only by constant practice will good body mechanics become habitual. Teaching good body mechanics to the families of bed patients who are responsible for patient care during the nurse's absence is equally important.

In transferring good posture and body mechanics from the vertical to bed positions, the aim is to maintain a full range of joint motion and good muscle tone in order to prevent unnecessary contractures or deformities. This keeps the patient ready for increasing activity and eventually permits an easy transition from bed to ambulation with confidence and safety.

It is necessary to be aware of the

Formerly with the Ottawa Branch of the Victorian Order of Nurses, Miss McMullen is now working with the Bell Telephone Company in Ottawa.

complete range of motion possible to all joints in order to preserve or gain such motion, and to give passive or assisting motions when active motion is not possible. These movements should be given during the bath or as self-help activities, rather than as special exercises. Efforts to care for self should be maintained to the extent permitted by the doctor and definite goals should be set for the patient within his ability to accomplish easily, so as to encourage further endeavors and avoid frustration. The family should be encouraged to permit the patient to help himself and should motivate him by giving him tasks that help him feel a useful part of the family unity. Feeling useful or needed is as important as feeling loved or wanted. Activities of a recreational nature, mental and physical, within the ability of the patient and the limits permitted by the doctor, should be encouraged.

There are particular points to be considered in relation to the nursing care required by patients with long-term illnesses such as hemiplegia, osteo-arthritis, rheumatoid arthritis, and cardiac conditions. These patients have special needs determined by their condition. For example, with the hemiplegic patient, the nurse should begin at once to encourage self-help, such as turning over in bed alone, using the good arm with help from the other arm in personal care, such as eating, brushing teeth or washing the face. The patient should be encouraged to resume coordinated motion in the upper extremities, selecting activities that require the use of both extremities; for example, if he wants to move up in bed reach with both arms, bend both legs; if reaching for a rope on the end of the bed to help him come to a sitting position, use both arms. For the lower extremities, reciprocal or alternate movements are best; for example, when extending the involved leg, flex the normal leg. Such movement tends to reinforce the action of the involved extremities. It is important never to let either the family or the patient feel at any time that he is totally helpless.

It is important to actually practise the proper method of getting a patient

*Getting the patient up*

in and out of bed, turning, lifting or changing the bed position. This practice would give those who have never been patients a good idea of just how important it is to be moved and handled properly. It would show clearly that the easiest and most efficient way for the nurse is also the easiest and safest for the patient.

The nurse visiting in the home has many opportunities of observing possible postural and orthopedic defects of infants and pre-school children. Today few children grow up with serious, untreated defects because of improved medical care and health teaching, but only the trained and observant person can recognize minimal defects. To be able to recognize these, one must first know the normal appearance and normal functions of the infant's body.

The nurse also needs to be aware of changes in posture and body mechanics during the maternity cycle. Posture in pregnancy is affected by: the softening and relaxation of the ligaments of the sacroiliac and pubic joints, which permit greater motion of the pelvic segments; increasing weight and congestion in the pelvis and anterior abdomen.

In adjusting to the shift in her weight distribution, the mother shows increasing forward tilt of the pelvis, compensated by increasing hypertension of the knees and total sway from

heels to shoulder. This results in increased lordosis, kyphosis, flattening of the chest, and forward head. During the last two months flexion of the knees relieves tension in the lower back. To maintain balance the mother frequently stands with her feet apart and thighs outwardly rotated. This necessitates changing the weight bearing pattern and may cause increasing discomfort in the feet and knees. Associated with other postural changes there may be backache, fatigue and foot discomfort. There will certainly be shortness of breath both from reduced expansion of the diaphragm and from restriction of rib movements resulting from the flat or depressed chest position.

An understanding of the causes of these postural deviations and of their accompanying discomforts will help us to incorporate body mechanics into our prenatal teaching. Much can be done to minimize these changes in posture and thus reduce the discomforts caused by them. The first important factor is to find out if the mother had good posture before pregnancy. She should be taught to use good body mechanics in all household tasks, such as: to keep the back straight when stooping or bending, to bend the hips and knees when getting down to the level of the work, to squat when reaching lower drawers or shelves. Shoes with broad, flat heels and good arch support should be worn for working and walking. Other aids include brassieres which give firm support for the breasts; unrestricted and attractive clothing; rest and avoidance of fatigue; good general health and nutrition. We have ample opportunity to integrate body mechanics in our teaching to the prenatal and postnatal patient both in the home and at classes.

Opportunities for teaching are always present. In visits to the newborn, not only can the infant be observed for possible minimal defects, but also the mother can be taught to use good posture in her handling of the infant and in all household tasks. In school nursing, I have observed the prevalence of postural defects. Poor posture among school children is often found to be a symptom of some other problem. The most common causes are: fatigue, due to insufficient rest and sleep; emotional disturbances, causing discouragement and worry; poor nutrition, resulting in being physically below normal; growing quickly and feeling conspicuous in the company of other children of the same age group; visual or hearing defects. A discussion with the teacher and parents usually results in the correction of the causative factor with a resultant improvement in the child's posture. Certainly the public health nurse has a responsibility for promoting better postural habits in the growing child and thus preventing serious postural defects in later life.

Visiting nurses have always been aware of the importance of body mechanics in the rehabilitation of the chronically ill. Since such a large percentage of their visits are to patients with chronic or long-term illness, this phase of our work is most important as this account indicates:

A hemiplegic, age 76, Mrs. Brown was living with her son and daughter-in-law and their three small children, aged 7 years, 3 years, and the youngest an infant of two weeks, when the V.O.N. was called to give care. This elderly woman had been ill for one month following a stroke affecting her left side. When first visited she appeared incontinent, was unable to feed herself, or to turn in bed alone. The doctor had instructed that she be encouraged to move around more and to be up if possible. Because of poor bed position Mrs. Brown's neck was in hyperextension with the head held forward. It was realized that a great deal of her difficulty was her desire to get attention through her helplessness. The situation was discussed with the family in order to gain their cooperation. While giving general care, Mrs. Brown was encouraged to wash her face and to turn with minimal assistance. When her daughter-in-law was shown how to adjust a back-rest properly, the patient found that with a little practice she could feed herself comfortably.

Her incontinence of both bladder and bowels proved to be due largely to a dislike of the bed-pan. When the family was shown how to prop the bed-pan

more comfortably for her this condition gradually improved and disappeared. The excoriated areas on her back, resulting from the incontinence and infrequent change of position, improved. A wheelchair was obtained and Mrs. Brown was assisted in getting up for a longer time each day the V.O.N. visited. It was found that by having her in better alignment in bed and in good sitting position when up, the hyperextension of her neck was corrected. Her daughter-in-law was shown how to get her in and out of bed without injury or danger to herself or the patient. This meant that she could get up daily and be taken to the living room or kitchen where she could share in the activities of the family. Although very hesitant about walking, Mrs. Brown now is able to walk a few steps with support and appears to be improving generally. By sharing in family activities it is hoped that she will lose that desire to gain attention by helplessness, and so cooperate more fully in her own rehabilitation. The family are most appreciative of the teaching given but continue to need constant encouragement.

Good functional posture is necessary to maintain health and to promote recovery from illness. It is essential that we who have opportunity for health teaching in home, school, clinic, and class, be aware of the basic principles of good posture and of the prevention and treatment of postural defects. The nurse who has learned how to use her own body correctly in all activities will be more effective in teaching others, in promoting better postural habits in the growing child, in recognizing minimal defects in infants and in preventing postural defects in bed patients.

# Nutrition of Infants

ETHEL B. COOKE

THE IMPORTANCE of the family as a unit is emphasized in the work of the staff of the Child Health Association of Montreal. Though each aspect of a progressive health education program comes into active use in the family contacts, perhaps it is on nutrition that the greatest emphasis is placed. Let us consider, therefore, the teaching that is essential in order that parents may become fully aware of the importance of good nutrition in the growth and development of their children.

The newborn infant's chief joy in life is feeding. Literally, he lives to eat. When hunger pangs waken him he cries lustily but as soon as he has been fed he is happy and goes back to sleep. Feeding the newborn is certainly not complicated. All that the mother needs to do is to see that he gets his food promptly when he announces in a loud voice that he is hungry. She must be sure that he gets enough or he will waken again in a short time. On the other hand, the mother sometimes must be warned not to force food on the infant when he doesn't want it.

Feeding, being the great joy of the baby's life, is the first important step in his learning process. Dr. Benjamin Spock has written, "He gets his ideas about life from the way the feeding goes — and he gets his first ideas about the world of people from the person who feeds him." So he suggests that mothers should set their clocks by the baby — not the baby by the clock!

Every infant, in a very short time, develops his own feeding schedule. If his stomach is filled full with the same food at each nursing, it consistently empties in the same length of time. If it takes three and a half to four hours to empty and he wakes up crying for more, the mother should adapt her other household tasks to these hours for that is his schedule. As his stomach grows and holds more at a time the period between feedings may be lengthened.

Giving him his meal at 10:00 a.m.

Miss Cooke is a supervisor with the Child Health Association, Montreal.

because the clock points to that hour rather than because he has announced he is hungry is the baby's earliest contact with the use of force. He will be less happy and mealtime becomes that much less a rich and satisfying experience. Good parent-child relationships are the mother's reward for watching the baby instead of the clock.

Solid foods are generally introduced into the baby's diet when he is between two and three months of age. A prepared, pre-cooked cereal, well mixed with milk, is usually the first addition. The mother is taught to give it from a spoon in small amounts. She is told that it should be placed half-way on the baby's tongue so he will be less likely to spit out. She learns that it is the difference in texture of the new foods rather than a new flavor that makes the infant resist these added items in his diet. Soon pureed fruit and vegetables further supplement the milk feedings.

When the time comes to add eggs and meat to the diet — usually at six months of age — careful warning of possible sensitivity to these proteins is given the mother. She is advised that it is important to give very small quantities at first until it is demonstrated that the new food will be tolerated well.

Some mothers find it much simpler to purchase the prepared meats in canned form. These foods are completely satisfactory but are an expensive item in some budgets. A capable mother can save money by cooking and carefully sieving the foods herself. It is vital that she should learn how to preserve the nutritive value of any of the fruits, vegetables or meats she may prepare. An opportunity to demonstrate the proper method should be sought during a home visit.

Proteins, minerals, carbohydrates, fats and vitamins, as such, do not mean much to many mothers who utilize the services offered by the Child Health Association. During the mother's visits to the Health Centre, while the doctor is examining the baby there are many opportunities to comment on the various aspects of the infant's development. The average mother has heard that babies need cod liver oil but the significance of the vitamin D may be entirely unknown. While recommended additions to the diet can be and are discussed during these visits, the real import of care in handling food is best received and remembered when the nurse goes into the mother's own environment — preferably right into the kitchen.

Regular gaining in weight is the best index of the baby's satisfactory development. Though many homes may have bathroom scales they do not measure the weight finely enough to make possible satisfactory records of the rate of increase. The periodic visits to the Health Centre provide opportunities for this accuracy. The mother learns that the average baby doubles his birth weight in five months, trebles it in the first year. She is taught that he will add eight to ten inches to his birth height in that year. The instruction goes further and prepares her for the fact that the regular gain in weight slows down in succeeding years. She is usually relieved to learn that a gain of four, five, or six pounds a year is the normal pattern of growth.

Nutrition is a highly specialized field for experts. However, every public health nurse, particularly those who work with children, should know what normal food requirements are, what constitutes an adequate diet, and how it can be secured at low cost by those whose budgets are limited.

## How to Win an Argument

1. Listen to the other person's opinion before you answer.

2. Inquire for further details before you answer. (That softens him up and is likely to weaken his conviction if he has a shaky position, particularly.)

3. Restate the gist of each point your adversary makes.

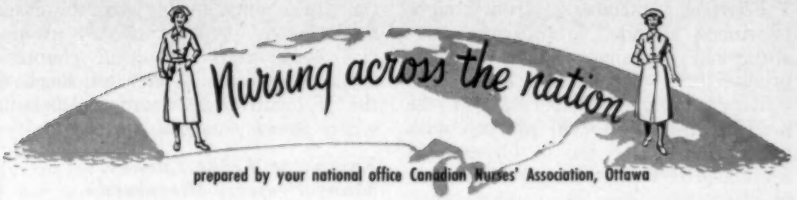
4. Stick to the point.

5. Present your side of the argument calmly and pleasantly.

6. Clinch the argument with the testimony of a neutral third person.

Boiled down, this might read: keep your mouth shut and let the other fellow talk himself out and make the mistakes; then follow with calm positive assurance.

— *Financial Post*




### *Organized Nursing Shows Two Ways to Get Ahead*

A FEW YEARS AGO a popular drama appeared, in which a man was granted his wish to travel to Paradise where there would be no need to work, and all rewards would be provided without effort. The man soon discovered, however, that he could now do no work at all. In fact, any effort to do something deprived him of a reward. In the end, he wished to return to earth where rewards are achieved by working.

While many of us might question the sanity of leaving Paradise, no one will deny that people like to be rewarded for their efforts.

In nursing, there is a variety of rewards available. Good service . . . opportunity to see our contribution to the recovery of a patient . . . brings its own satisfying rewards. Promotion and recognition of achievement also offer occasional rewards to nurses for their work. And even in a profession that is not renowned for its standards of pay, improved wages and working conditions sometimes come as rewards.

An interesting fact about these rewards is that they may be achieved in two ways. Every nurse can better her individual lot by constant effort and self-improvement in a particular field. A less obvious form of advancement occurs when the nursing profession as a whole progresses. Many of the rewards that may be enjoyed by a nurse today have been achieved not by her individual accomplishments alone, but by the collective improvement of the entire profession.

General nursing improvements bringing rewards to each of us cannot be achieved without organization. As the 1954-56 biennium rounds the halfway mark, the benefits of work done by organized nursing in Canada at recent key meetings of the CNA become very apparent.

### *Nursing Education Meeting Sets Record Attendance*

This was a record meeting with 17 representatives going to Vancouver from all provinces. Psychiatric nursing was high on the agenda of the meeting. The committee is anxious that the CNA make firm recommendations to other interested groups concerning problems in the psychiatric nursing field. A special sub-committee has been established to assist in this regard.

Another sub-committee has been set up to revise the recommended curriculum for nursing assistants so that appropriate emphasis on psychiatric nursing may be included.

The question of evaluation and accreditation of Canadian schools of nursing came in for much discussion. A task committee was set up to study this problem.

Closely allied to the evaluation of schools of nursing is the problem of curriculum development. Each provincial nursing education committee will be asked to discuss and study the philosophy, aims and objectives of the basic nursing education program.

### *First For Nursing Service Under Revised Structure*

At the first Nursing Service Committee meeting held in Montreal, its basic functions under the new structure were reviewed. These include formulation of policies; promotion of high standards of nursing service; assistance to the profession in the solution of service problems; promotion of the social and economic welfare of all nurses.

Fourteen members from eight provinces attended, representing institutional nursing, public health, private duty, occupational health and visiting nursing. As a result of the meeting, the CNA will proceed with publication of the "Orientation Manual" to assist nursing leaders in orienting nurses in new assignments. Through better orientation, it is hoped that nurses can be brought to higher levels of efficiency sooner after taking on a new assignment. Orientation is similar to some forms of induction training used by many companies to introduce staff members to new jobs.

Provincial associations will be urged to follow up the Head Nurse Study of the Department of National Health and Welfare. The committee hopes too, that the provinces may follow up some of the broader implications of the Study relating to more efficient utilization of all nursing personnel.

### *Nationally Distributed Film Planned by Public Relations*

Highlight of a meeting held in February by members of the Public Relations Committee in the Ottawa vicinity is the announcement that the CNA will seek commercial sponsorship for a film on the nursing profession. The film will aim at interpretation of the work of nurses and will play an important part in the CNA's recruitment program. It is expected the film will be available to provincial associations and local chapters, and will be shown through National Film Board facilities, television, schools, parent-teachers groups and others.

Considerable discussion centred around the Public Relations Guide submitted at the Banff meeting. There was unanimous agreement that the guide was of great value to the national committee. As a consequence, there was some feeling that the guide might be adapted for use by provincial associations and local chapters. This proposal was later advanced at the Executive Secretaries' meeting where it was favorably received.

### *Executive Talks Turkey, Many Projects Discussed:*

At an intensive three-day meeting in Ottawa's Château Laurier, 33 members of the CNA Executive Committee studied the reports submitted by the various committees, and discussed and approved a number of other projects:

Decided to send President Gladys Sharpe and General Secretary-Treasurer Pearl Stiver, to the meeting of the International Council of Nurses Board of Directors in Istanbul, Turkey, next August. The need for Canadian representation at this meeting was stressed.

Accepted International Council of Nurses' Code of Nursing Ethics approved at the I.C.N.'s 1953 Brazil meeting. The decision was made after considerable discussion of a possible Canadian Code of Ethics.

Announced that the British Commonwealth and Empire Nurse War Memorial Fund Scholarship will be awarded to a nurse from the Prairies or Newfoundland. Valid for one year's post-basic study, the award of the scholarship is based on the recommendation of the provincial associations concerned.

Prior to the Executive Meeting, the executive secretaries and registrars from the provincial associations met for one day to discuss various topics. Concerned over the lack of any specific preparation for nurses in this type of work, the secretaries recommended establishment of a committee to study a possible "in-service" type of education program for executive secretaries.

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There is only one thing that will really train the human mind and that is the voluntary use of the mind by the man himself. You may aid him, you may guide him, you may suggest to him and, above all else, you may inspire him. But the only thing worth having is that which he gets by his own exertions, and what he gets is in direct proportion to what he puts into it. —A. L. LOWELL

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If you paint your screens black on the inside and white on the outside, you will be able to look out — but nobody will be able to look in.

# Le Nursing à travers le pays

***L'Organisation de la profession d'infirmière permet à la fois le progrès individuel et celui du groupe***

IL Y A QUELQUES ANNEES, dans une pièce populaire, le voeu d'un homme fut exaucé, il obtint la faveur de voyager au Paradis, là aucun travail et toutes les récompenses lui étaient accordées sans qu'il ait rien à faire pour les mériter. Notre homme découvrit bientôt que tout travail lui était interdit et que tout effort de sa part était considéré comme une offense le privant d'une récompense. Après quelque temps, il manifesta le désir de retourner sur terre où tout travail apporte sa récompense.

Il n'est peut-être pas sage de quitter le ciel une fois qu'on y a été admis, mais cette fable montre bien que les gens apprécient plus que tout, les récompenses dues à leurs efforts.

Dans la profession d'infirmière il y a une grande variété de récompenses. Les bons soins donnés aux malades, réalisation de la contribution apportée à leur guérison est une satisfaction qui apporte sa récompense. La reconnaissance de l'effort accompli, du résultat obtenu, les promotions sont pour l'infirmière autant d'occasions de récompenses pour son travail.

Même dans une profession dont la renommée n'est pas due à la norme élevée de ses salaires, il arrive quelquefois des augmentations et de meilleures conditions de travail, qui sont des formes de récompense.

Un fait intéressant à propos de ces récompenses, c'est qu'elles s'obtiennent de deux façons. L'infirmière individuellement peut améliorer son sort en essayant constamment de progresser dans le domaine où elle travaille. Une autre façon, plus difficile à reconnaitre, à saisir, est le progrès de la profession en son entier. Bien des privilèges dont jouit l'infirmière d'aujourd'hui, sont dus non seulement à l'effort individuel, mais aux progrès de la profession dans son ensemble.

Les progrès de la profession apportent à chacune de nous des privilèges, mais ces progrès ne peuvent se réaliser sans organisation. Lors des congrès biennals de 1954 et 1956, l'évaluation des progrès accomplis nous a fait reconnaitre la valeur de l'organisation de la profession d'infirmière au Canada.

L'assemblée du Comité de l'Education en Nursing fut un succès. Les présences étaient remarquables, 17 représentantes venant de toutes les provinces, se sont rendues à Vancouver.

A l'ordre du jour, le Nursing psychiatrique occupait une place importante. Le Comité presse l'Association des Infirmières canadiennes de faire de fortes recommandations aux autres groupes intéressés concernant les problèmes dans le soin des malades en psychiatrie. Un sous-comité spécial a été nommé à cette fin.

Un autre sous-comité a été formé, afin de reviser le programme de formation des auxiliaires en Nursing en vue d'appuyer davantage sur les soins psychiatriques dans le programme.

La question de l'évaluation et l'accréditation des écoles d'infirmières au Canada fut discutée longuement. Un comité de travail fut chargé d'étudier ce problème.

Une autre question se rapprochant de l'évaluation de l'école est le problème du développement du programme d'études. On demandera dans chaque province, au comité d'éducation, d'étudier et de discuter la philosophie, les buts du cours de base de l'infirmière.

***Première réunion du Comité du Service du Nursing depuis la revision de la structure***

A la première réunion du Comité du Service du Nursing tenue à Montréal, on revisa les fonctions de ce comité depuis la nouvelle structure. Ses fonctions sont: élever les normes du service du nursing, assister la profession dans la solution des problèmes se rapportant au service infirmier, promouvoir le bien-être des infirmières tant au point de vue social qu'économique.

Les infirmières des hôpitaux, de l'hygiène publique, du service privé, de la réhabilitation et les visiteuses étaient représentées par 14 infirmières venant de 8 provinces.

Le travail de cette première assemblée aura pour résultat la publication par l'Association des Infirmières canadiennes, d'un "manuel d'orientation." Ce manuel servira aux infirmières, en charge d'un service, à guider les infirmières dans leurs nouvelles fonctions. Par une meilleure orientation, on espère que les infirmières pourront travailler plus tôt et avec plus d'efficacité lorsqu'elles remplissent une nouvelle fonction. L'orientation est semblable à la

méthode inductive adaptée à l'industrie pour préparer leur personnel à de nouvelles tâches — une connaissance acquise nous conduit à la connaissance d'une autre.

On demandera avec insistance aux associations provinciales d'étudier le "Head Nurse Study"[1] publié par le Ministère de la Santé nationale et du Bien-Etre. Le Comité espère aussi que les provinces tiendront compte que certains facteurs sous-entendus dans cette étude, permettront de réaliser une meilleure utilisation du personnel infirmier.

### *Le Comité des relations extérieures de l'A.I.C. projette la distribution d'un film à travers le pays*

Le Comité des relations extérieures de l'A.I.C. fut le point de mire lorsqu'en février dernier, il proposa la publication d'un film sur la profession d'infirmière. L'Association des Infirmières du Canada cherchera dans le commerce un commanditaire pour ce film sur la profession d'infirmière. Ce film fera connaître le travail de l'infirmière et jouera un rôle important dans la campagne de recrutement de l'A.I.C. Le film sera mis à la disposition des associations provinciales et des districts et il sera montré, par l'entremise de l'Office National du Film, à la télévision, dans les écoles, aux réunions de parents et instituteurs et autre groupe.

Le manuel intitulé "Public Relations Guide" présenté lors du congrès de Banff suscita beaucoup de discussion. Les membres du Comité furent unanimes à reconnaître que ce guide était d'une grande utilité. Par suite l'opinion fut émise qu'amendé il pourrait rendre service aux associations provinciales et aux districts. Cette proposition fut faite aux secrétaires-registraires lors de leur réunion et fut bien accueillie.

(1) cette étude, parue en décembre 1954, doit être publiée en français.

### *Réunion du Comité exécutif de l'A.I.C. Discussion de plusieurs projets*

Durant trois jours bien remplis, les 33 membres du Comité exécutif de l'A.I.C. étudièrent les rapports soumis par les différents comités, de nombreux projets, dont quelques-uns furent approuvés, tel que:

Il fut décidé d'envoyer la présidente, Mlle G. Sharpe et la secrétaire-trésorière, Mlle Pearl Stiver, à une assemblée du bureau de direction du Conseil International des Infirmières qui aura lieu à Istanboul, Turquie en août prochain. L'importance d'une representation canadienne fut soulignée.

Le Code d'éthique approuvé par le Conseil International des Infirmières fut accepté. Après une longue discussion, la décision de publier un Code canadien d'éthique fut prise en considération.

On annonça que la "British Commonwealth and Empire Nurse War Memorial Fund Scholarship" (bourse d'étude offerte en mémoire des infirmières du Commonwealth britannique et de l'Empire) offrira cette année une bourse d'étude à une infirmière des provinces des Prairies ou de Terre-Neuve. Cette bourse est accordée pour une année d'étude post-scolaire et attribuée, d'après les recommandations de l'Association provinciale concernée.

Avant l'assemblée du Comité exécutif, les secrétaires et les registraires des associations provinciales se réunirent durant une journée pour discuter de différentes choses.

Constatant que les infirmières se destinant aux postes de secrétaires ou de registraires provinciales, manquent de préparation pour ce travail, il fut recommandé d'établir un comité pour étudier un programme de formation au travail pour ce groupe.

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Although the incidence of rheumatic fever has been declining during the last 20-30 years it remains one of the most important causes of death in children and young adults. While rheumatic fever has a world-wide distribution, the incidence is extremely low in tropical areas and relatively lower in dry regions than in humid regions. There is also a well-known seasonal variation with the prevalence of active disease during the winter and spring months in this country while the peak months in Great Britain are in the fall and winter. The hereditary factor has also been thought to play some part in the development of rheumatic fever but certainly, the environmental and contagion factors are considered by most authorities to be by far the most important. There is an almost even sexual and racial distribution. The average age of development of rheumatic fever is eight years, the disease occurring most frequently between the ages of five and 15 years.

—MEDICAL TIMES

# *Student Nurses*

## School Spirit

SALLY THIESSEN

SCHOOL SPIRIT MAY best be defined as the loyalty of each individual towards the educational institution, its governing bodies, the instructors, the seniors and her classmates. Loyalty is the belief in a cause and willingness to support that cause with honesty, consideration and thoughtfulness of others, kindness towards others, and cooperation.

Honesty is such a desirable characteristic that if it is lacking or at low ebb it has to be cultivated. When using equipment that belongs to the hospital, the nurse should not be careless and disgracefully wasteful. As the nurse advances in her training she is given more and more responsibility and the importance of honesty grows. To be honest with the fellow students she should not try to cover up a mistake that has been made by a classmate. If she does this she is assisting her classmate to practise dishonesty which will neither help her to give wholeheartedly to the school nor convince her of the importance of honesty in her later professional life.

Thoughtfulness and consideration of others is essential to the formation of a favorable school spirit. There are very many opportunities to practise these phases of loyalty. Whenever she is asked to assist another person, especially a classmate, the nurse should always be willing to do everything in her power to help. Only in this way will she receive the approval of her classmates.

Miss Thiessen is a student at Misericordia Hospital, Winnipeg.

Kindness, a very necessary attribute in the nurse, may be shown in many ways. The student who is far from her own home and often homesick may not be able to develop any feeling of belonging to the school until the kindness of her classmates gives her the feeling of being a valuable part of the class. Through kindness the student body may help a problem classmate to overcome an undesirable quality, trait or attitude without arousing a feeling of inferiority in that student.

Cooperation is a requisite in any good nurse. The student must cooperate with the instructors, the seniors and her classmates. One who cannot accept constructive criticism will never be able to cooperate in making the hospital experience interesting and successful for herself and others. Everyone makes mistakes at one time or another, and it is just through having these mistakes criticized that we learn to do our work correctly. We should continually be alert, ready to give and receive constructive criticism. The hospital and our school are judged by the patients and the community as a whole in terms of how well — or how poorly — we conduct ourselves. Others will have confidence in us and our own understanding of the importance of cooperation will grow as we follow the disciplinary rules set down for us.

Students who train themselves to be loyal, cooperative, considerate and thoughtful have caught that intangible school spirit that leads them to become successful nurses.

---

Untidiness is a common bad habit. A nurse who is careless about outward appearances is apt to be sloppy about things that are more vital — cleanliness and safety in handling nursing equipment, foods, wastes. Just as communities call for a spring cleanup around the home, this would be a good time for a nurse to sort out her wardrobe, tidy her dresser drawers, throw out empty lipstick tubes, cold cream jars and the thousand and one things that do accumulate. Let's have a "cleanup campaign" of our own.

# International Conference of Social Work

IT WAS THE BROAD CONNOTATION of the word "social worker" that was employed at the Seventh International Conference of Social Work held in Toronto, June 27-July 2, 1954. Here educators, religious leaders, physicians, nurses, psychologists sat down with sociologists, economists and professional social workers to consider how individuals, how communities, how nations might achieve "self-help" and learn cooperative planning.

The International Conference of Social Workers is a permanent, world-wide organization of individuals and organizations concerned with meeting the social welfare needs of people. It is independent, non-governmental, non-political, non-sectarian. It does not take positions on issues. It does not have a social action function. Rather it provides a forum for the discussion of social welfare and related subjects. The permanent secretariat is in New York City. There are regional secretariats in Europe (France) and South East Asia (India).

The International Conference of Social Work meets annually. The 1953 meeting was held in India. The 1955 will be held in Germany. The theme of the 1955 Conference will be "The Impact of Industrialization on the Family."

This Seventh Conference, held at Toronto University, was attended by some 2,500 delegates from 41 countries. The theme of the conference was "Promoting Social Welfare Through Self-Help and Cooperative Action." The meetings were of three types — plenary sessions, the first part of each forenoon, a panel discussion immediately following, and after lunch, group discussions. There was one outstanding speaker at each plenary session. Each spoke on a different aspect of the convention theme. For example, at the opening session Canada's Minister of External Affairs, Lester Pearson, spoke on "The World We Live In" and emphasized the fact that having a healthier and more prosperous society places a greater obligation on us to share with less favored people. Other topics of the plenary sessions were:

The Meaning of Self-Help in Social Welfare.
Threats to Self-Help.
Cooperative Action and the World Community.
Self-Help in Modern Society.
Leadership for Self-Help.

The panel discussions elaborated in an informal way on the subject of the preceding plenary session. At the various group discussions the same subject was approached and discussed in the light of the individual members' own background of experience and preparation. For example, in the discussion group on Health Program the members of the group exchanged experiences and told how the particular subject might be approached in their own work in their own country.

The theme of the conference, at least to the non-professional, looked clear and straightforward. "Self-help — help yourself!" "Cooperative action — work with others!" It sounded simple! However, as one listened to the experts and pondered on the words of the learned, one realized that much, much more was involved in this theme than merely doing for oneself or planning and working with a group. We learned how terribly dependent individuals at the best are, how much group planning is necessary for self-help and similarly how futile cooperative planning is unless it is, in essence, for self-help. We felt also the responsibility that goes with the task of professional guidance in such programs.

One doubts if it would be an exaggeration to say that all presentations at this conference could be applied to our own profession of nursing. For example, in a discussion on professional leadership training programs, South American and Asian delegates declared that social workers sent to western countries for training often came home to find they had spent years acquiring skills that failed to meet the needs of their home countries. They learn how to use the complicated mechanics of western programs but when they get home where such mechanical aids do not exist they are lost and frustrated.

Other delegates claimed that training facilities for social work failed to educate students in their responsibilities to the community and that often young people entering the field were influenced against working where the need was great because extensive aids were not available.

Could these be said of nursing?

Again, at another session, social workers were warned that there is a danger in the increasing number of organizations of victims — for example, polio, cancer, diabetes, and the like. Such groups, it was pointed

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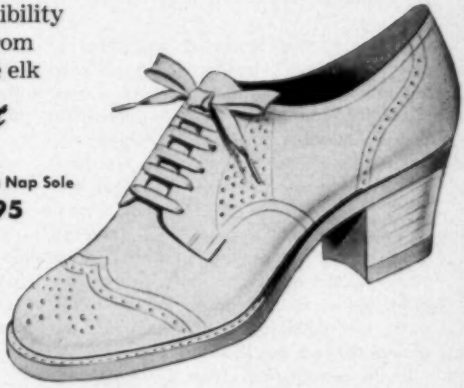

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out, tend to isolate these patients from the community and make them more conscious of their affliction. A thought for us as nurses also. Our support of such organizations is often solicited and, in our eagerness to help our patients, perspective may be lost.

Mr. Norman Cousins, editor, *The Saturday Review,* presented us with a new disease to be reckoned with — Boredom. He stated that "we are in danger of boring ourselves to death." People do not know what to do with themselves — do not know what to do with increased time that modern society and the mechanical age have made available to us. He reminded us also that Communism is presented as exciting and dynamic. In the problems which confront our world we cannot, he said, "yawn our ways out."

Professor Alan Moncrieff, considered by many as Britain's leading expert on child health, elaborated on the two ways of raising living standards: by state imposition or by education. He cited smallpox vaccination as an example of ineffectual compulsion. Now that this requirement has been lifted, less than 40 per cent of British children have been vaccinated. On the other hand, inoculations against diphtheria are so usual that the disease has been almost eliminated as a cause of death. Parent acceptance of diphtheria immunization was secured through education.

In the presentations from the Indian delegates one felt the deep sincerity, the humble dignity of the Gandhian philosophy. Dr. Sinha, Minister of Finance, Labor and Agriculture for Bihar, and leader of the Indian delegation, emphasized that nothing of importance had happened in India during the last three and one-half decades which was not directly or indirectly influenced by Gandhi's work and philosophy. Gandhi's objective was in very reality self-help and cooperative action. The very centre of his scheme was to restore the individual to his full glory and power. Emphasis was placed on individual advancement and the need to develop a social order in which the individual's interest would be safeguarded. The training of leaders in such a program was moral and self-imposed. Men were won by the personal penance and austerity on the part of their leaders. In the truest sense the "leader went as a humble character," and "he that was greatest as one that served." Those who wished to become workers in the villages lived and learned in the villages.

At this Seventh International Conference we learned that self-help and cooperative action are interdependent and complementary, that asking for help may be a sign of strength, that self-help must be planned for. We learned also that all workers in the social and health field have one common focus, namely, the individual, his family, his community.

M. Pearl Stiver,
*General Secretary,*
*Canadian Nurses' Association*

## The Rehabilitation of Mastectomy Patients

Early diagnosis and surgery have combined to reduce the mortality from breast cancer but have resulted in an ever-increasing number of women who suffer a degree of mental anguish because of their altered physical appearance. Many of them lack the courage to come seriously to grips with the problem and resort to all manner of improvised subterfuges to conceal the operative area.

Nurses are in a key position to help post-mastectomy patients return to a normal outlook on life and, in most instances, to resume their former pattern of activities. Since even an emotionally well-adjusted woman feels exceedingly insecure following the operation there are many helpful suggestions and forms of practical assistance the observant nurse can give.

The patient should be told that sympathetic or referred pains in the remaining breast are the rule rather than the exception after a mastectomy. Few patients are informed about these symptoms and, as a result, fall easy prey to unnecessary anxieties and depressions during the immediate post-operative period. Their natural conclusion is, of course, that the malignancy has spread to the other breast. Understandably, they will not confide their fears to their doctor or nurse, for they would rather die than undergo a second operation, one which, in their opinion, would be futile at this time. While patients

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are under such mental torture, it is obvious that both their physical and mental recovery will be greatly retarded.

The mastectomy patient is generally told that numbness, discomfort, and swelling in the affected arm may be anticipated for some time. She should be encouraged to comb her own hair, dress without assistance, and pay attention to her appearance. In addition, exercises, that have been specifically prescribed by her physician, should be stressed. Because these are often tedious and depressing tasks, a clear explanation of their importance should be given in order that they may be continued over the necessary period of time.

Using the brassiere that the patient wore to the hospital, the fullness of the cup on the amputated side should be taken out by darting, and a sanitary napkin stitched on the *inner* surface of the bra over that area. This gives a broad, soft, smooth surface which bridges the incision, permitting the patient to put on her brassiere in the customary manner. Then, using absorbent cotton covered with gauze, a form resembling the shape of the remaining breast should be fashioned and stitched to the *outside* of the bra over the flattened cup on the postoperative side. To avoid pressure, the shoulder strap on the affected side should be lengthened by adding elastic to the strap.

The next important factor in restoring her normal appearance and morale is a comfortable and well-fitting prosthesis. The temporary makeshift arrangement used during convalescence, while motions are limited and before the incision is healed, must eventually be replaced by a breast form that will encourage the patient to return to full physical activity. One such prosthesis is the Identical Breast Form which is based on the fact that two-thirds of our body weight consists of water. Breast tissue is not embedded in adjacent muscular tissue, but, generally speaking, is suspended closely beneath the skin and kept in position only by fibrous tissue. As a result, the breasts readily follow the law of gravity and change their contour and position with every body motion.

No preconceived shape made of a dry, relatively firm material, such as sponge rubber or kapok can faithfully duplicate the ever-changing contour and motion of the remaining breast. Therefore, in order to approximate this fluidity of motion, this new breast form consists of a double cell structure made of soft, skin-like plastic film; the inner cell contains a slow flowing, creamy fluid, and the outer cell acts as an extra safety device.

Purposely underinflated, the plastic film prosthesis allows free flow of the liquid within the cell, and is affected by gravity in the same manner as is the remaining breast. Since it is not completely distended, the form can change its contour and position with the patient's body motion. The underarm extension compensates for the loss of adjacent muscular and glandular tissue without causing any pressure, and the precisely coordinated weight, which prevents the form from riding up, assures normal alignment with the remaining breast. It also eliminates the need for forceful hooking or pinning down.

The natural and equalizing weight replacement of the prosthesis not only aids in restoring normal shoulder carriage, but also restores normal weight distribution in relation to the anatomical centre of gravity, the lack of which may give the patient a sense of both physical and mental insecurity. Furthermore, the form assumes body temperature, an added advantage for those whose desire for concealment has become so intense that it could almost be called an obsession.

Full participation in group activities should be encouraged. Suitable forms of recreation might include: swimming, gym classes, volley ball, ping pong, tennis, golf, or bowling. The more mature woman who has never developed these interests may like to take care of small children where she is forced to use both arms consistently. All of these activities represent pleasant forms of exercise and have the additional advantage of returning the patient to a normal social environment in which she will be most apt to pay attention to her physical appearance.

An illustrated folder on the care of the mastectomy patient and a professional sample of the Identical Form is available upon request without charge to accredited schools of nursing. Address: Identical Form, Inc., 17 W. 60 St., New York 23, N.Y.

Abstracted from *R.N.*, October, 1953.

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— JOUBERT

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# Book Reviews

**Professional Nursing, Trends and Relationships,** by Eugenia Kennedy Spalding, R.N. et al. 636 pages. J. B. Lippincott Co., 2083 Guy St., Montreal. 5th Ed. 1954. Price $5.00.

*Reviewed by L. M. Young, Superintendent of Nurses, Archer Memorial Hospital, Lamont, Alta.*

Based on extensive experience and numerous pieces of research, the book is most comprehensive and complete in minute detail. Photographs used for illustrations and a well chosen number of graphs, and charts assist in aiding memory and increase interest.

The book is written in an intimate instructor-student relationship which makes pleasant reading.

The whole is divided into four units. A short preview of each unit is most welcome. Each chapter ends with concluding comments, questions and bibliography. The first two chapters could be used to good advantage in the pre-clinical period. This part goes into detail on the use of a library.

In my opinion there is too much material pertaining only to nurses of the United States for this book to be placed in the hands of basic nursing students in Canada. Where international situations are discussed the American point of view predominates almost to the exclusion of other countries.

The book would be discouraging to a student in the basic nursing course by its size and amount of information, in proportion to the time allowed in the curriculum for the subject. For the post-graduate level and the instructor it will be well worth the time spent in reading.

**Urological Nursing,** by David M. Davis, M.D., in collaboration with George H. Strong, M.D. 196 pages. McAinsh & Co. Ltd., 1251 Yonge St., Toronto 7. 5th Ed. 1953. Price $3.25.

*Reviewed by Mrs. L. M. Pepler, Staff Nurse, Westminster Hospital, London, Ont.*

The fifth edition can readily be used as a handbook for student nurses as well as those specializing in urological nursing. The book begins with a comprehensive description of the anatomy and physiology of the urogenital tract, accompanied by detailed diagrams. This is followed by a chapter on diseases and conditions peculiar to these organs.

Chapter 4 on nursing care clearly defines the reasons for all procedures. Explanations of bladder and kidney function tests are included. It stresses the importance of total intake and output measurements, and includes diagrams and explanations of tidal drainage. Both pre- and post-operative procedures are outlined in such a clear, consise manner, that one feels that any prejudice which female nurses may have had against urological nursing will readily be eradicated.

The entire book stimulates an interest in urological nursing, forcefully stressing the importance of good nursing care in this branch of medicine and surgery.

**Nutrition and Health** — being the Cantor Lectures delivered before the Royal Society of Arts (1936) together with two earlier essays, by Sir Robert McCarrison, M.A., M.D. 125 pages. British Book Service (Canada) Ltd., 1068 Broadview Ave., Toronto 6. 1953. *Reviewed by Rosamond Ross.*

Sir Robert McCarrison delivered lectures in support of the thesis that " the greatest single factor in the acquisition and maintenance of good health is perfectly constituted food." The present volume contains a postscript on more recent developments. Dr. H. M. Sinclair, Director of the Laboratory of Human Nutrition, who has written the postscript, notes that 16 years is a long time in the annals of nutrition research but his addition supplements rather than corrects the thesis. The book thus has historical as well as up-to-date information.

Dr. McCarrison spent considerable time in India where he was Director of Research on Nutrition. "Nowhere in the world is the profound effect of food on physical efficiency more strikingly exemplified than in India."

The author conducted very interesting animal experiments and in this way tried to demonstrate the correlation between the health and the food habits of the different races in India. In one such experiment rats were fed on whole wheat, butter, milk, legumes, vegetables and meat, the diet of the Sikh, the sturdy and healthy hillmen. In

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contrast, the diet (mainly rice) of the Madrassi, produced low resistance to disease and physique inferior to their northern cousins. The "Sikh" group of rats developed a superior physique and had a lower rate of mortality than the "Madrassi" group. On post mortem, the "Sikh" group was practically free of disease while the "Madrassi" group exhibited diseases chiefly of respiratory and gastrointestinal systems. The attempt is made to demonstrate similarity between some of the eating habits of the English and those of the people of India, and to show the need for an adequate nutrition program.

This is an interesting book for both lay and professional people. Those concerned with health and education would find it a basis for interesting discussion.

**An Introduction to Medical Science** — an Elementary Text on Pathology, by William Boyd, M.D. 304 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 4th Ed. 1952. Price $5.00.
*Reviewed by Sister Mary Irene, Nursing Arts Instructor, Charlottetown Hospital School of Nursing, P.E.I.*

The fact that this book is now available in the fourth edition is a significant comment on its value. The author, who is one of the acknowledged authorities in this field of medicine, has again prepared an excellent educational text. It is compact and easily read. The use of heavy and light type stresses the relative importance of the subject matter. The illustrations are clear, concise, well-labelled and uncluttered.

The book is divided into three parts. The first deals with the general principles of disease including chapters on the Nature and Cause of Disease, Disturbance of the Blood Flow, Inflammation, Immunity and Allergy, Bacterial Infections, Animal Parasites and Tumors.

The second part discusses diseased organs. First of all, there is a short summary of the structure and function of the organ mentioning only the facts that are essential for understanding the changes that occur in the diseased organ and the symptoms which these changes produce. Principles of treatment for each diseased condition are well discussed. Herein lie the most important changes in the present edition.

The last part is given over to the discussion of practical applications including Principles of Treatment, and the Collecting of Specimens for Laboratory Examination. This, I consider, is a very important part of the book.

This book should be most beneficial in spanning the gap between the basic science courses given in the first term with the clinical subjects to follow. It would be an excellent addition to every school of nursing library.

**Social Science in Medicine,** by Leo W. Simmons and Harold G. Wolff. 254 pages. Russell Sage Foundation, New York. 1954. Price $3.50.
*Reviewed by Helen Carpenter, Assistant Professor, University of Toronto School of Nursing.*

Professional workers in the medical field are aware of a changing emphasis in the approach to their services. We are increasingly recognizing the need to study the relationship of social and emotional factors on health.

It is interesting in the light of this trend to note this collaboration in an exploration of "the major areas of interest shared by medical and social science." This book will be valuable to nurses in helping us to understand more fully the relationship of social and cultural factors to health.

The introductory chapter reviews the development of medical science and indicates the emerging interest in medicine in the underlying causes of ill health. It is only comparatively recently that research in the field of social science has advanced to the point where the specialized knowledge of this field can be related to medical knowledge. Sociological concepts are discussed in order to help us understand the influence of culture and social environment on the lives of people in various societies. This part of the book requires thoughtful reading and study. Nurses desirous of fully understanding the contribution of the sociologist may feel a need to read more widely in the fields of anthropology, sociology and social psychology. One wishes the concepts presented in this section could be written more simply and directly. It is apparent that the relation between sociological factors and disease is not fully understood. The authors recognize that further study is needed:

"In our opinion medicosocial collaboration can proceed most fruitfully by recognizing that the third linkage, that between particular reaction pattern and identifiable structural change, can best be studied by

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medical and physical sciences; that the first linkage — between typical situation and specified stress — is clearly within the province of the social sciences; and that it is the joint province of both social and physical (or medical) scientists to work on the central linkage, namely, how specified stresses evoke particular protective reaction patterns."

However, knowledge available now illuminates our understanding of people and their reactions and study of the findings of the social scientist will assist us in our approach to our work. The authors summarize their objective as follows:

"We have assumed throughout the discourse that our fundamental objective is the health and relatively continuous well-being of a man as an organism, a member of society, and a person in a culture. We have attempted to show that with this objective it is possible to portray and clarify measurably how within a given environment individuals may develop inept protective reaction patterns in the pursuit of their goals. Such a perspective, linking sociological and biological dynamics in the experience of illness, provides significant glimpses of a new vista in medical care."

A practical application of this approach is in the care of patients in hospitals. The chapter titled "Hospital Practice in Social Science Perspective" will appeal to nurses. Many have experienced personal problems in adapting to hospital life, and many have struggled with the challenge of providing individualized care in institutions in which rules and regulations, as well as the number of patients and types of personnel, tend to result in highly de-personalized service. The effect of hospital life on the patient is examined and the outcome of the trend toward hospitalization of the sick is explored. The sociological approach is interesting. There is a revealing discussion of terminology and attitudes associated with hospitals which many have come to accept through custom and constant usage.

The application of the knowledge of the social scientist is most clearly seen in this specific situation. However, the application in all services, preventive and curative, in the home, clinic and hospital, will repay study. This book deals with knowledge we have not thoroughly understood nor utilized. An extensive bibliography is included which would serve as a guide to those who wish to read more widely in this field.

**Textbook of Preventive Medicine,** by Hugh R. Leavell, M.D., D.P.H., and E. Gurney Clark, M.D., D.P.H. 629 pages. McGraw-Hill Co. of Canada Ltd., 253 Spadina Rd., Toronto 4. 1953. Price $9.60.

*Reviewed by Monica Frith, Director of Public Health Nursing, Dept. of Health & Welfare, Victoria, B.C.*

This book is written primarily for medical and dental students expecting to enter private practice. The purpose is to present an epidemiological approach to preventive medicine. It aims to expand this concept for wider application; to give an understanding of the essentials of promoting health and preventing disease; to point out the value of practicing medicine with a preventive point of view and to motivate practitioners to incorporate this concept into their practice.

The epidemiological method collects data from many scientific sources to construct logical chains of events to explain the cause of disease. Through years of special application in the field of communicable disease its usage became restricted. This restriction is no longer desirable as techniques that have proved useful in unravelling the natural history of communicable disease have a much wider application in other problems of medicine and public health. These principles and methods are now being applied to the study of heart disease, essential hypertension, mental disorders, nutritional deficiencies, accidents, dental fluorosis, congenital defects and other disorders.

Preventive measures can be incorporated into medical practice quite easily, according to the authors, who state that the natural history of disease may be interrupted at any one of the five levels of prevention: Health promotion; specific protection; early recognition and prompt treatment; disability limitation; rehabilitation. These five points of common attack to the majority of disease processes may be applied on an individual or a community basis.

Almost one quarter of the book is devoted to the chapter on "the doctor and his community" which contains extensive information on community organization and resources. The fact is stressed that the private practitioner must know and contribute to the development of community health resources if his patients are to benefit from the best type of medical care. The final chapter deals with biostatistics, the essential discipline for approaching epidemiology. An extensive bibliography accompanies each chapter.

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The book accomplishes its purpose of showing medical practitioners health and disease so that patients can be given a comprehensive type of care. Although many pertinent facts are presented it still remains for the reader to work out many of the problems. Nurses will find this text valuable for extending and broadening their outlook on public health and social medicine. It is particularly recommended as a reference for teachers of nurses and nurses in the public health nursing field.

**Handbook of Dietetics for Nurses,** by Catherine F. Harris, S.R.N. 196 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1953. Price $3.00. *Reviewed by Mary Jean Poole, Dietitian, Kootenay Lake General Hospital, Nelson.*

This book is primarily designed for the student nurse, its object being to point out the link between good health and proper feeding, emphasizing the importance of dietary treatment in disease.

The first seven chapters describe the use and value of food and diets, in hospital and in nursing practice. A complete discussion of digestion shows how the nutrients undergo processing before they can be utilized by the body. The food requirements for the individual, how they will vary according to sex, age, etc., tables of recommended allowances and the nutritive values of food are included. There are chapters on basic cookery principles including basic recipes and showing the effect of cooking upon individual foods.

This handbook is written clearly and concisely and deals adequately with all the aspects of nutrition, basic cookery and hospital dietaries. It provides all the guidance and information needed by the student nurse.

## Let There Be Controversy

How often, when planning a conference, or a meeting, a discussion program or a study group, do we hear "Let's avoid that; it might be controversial; let's keep clear of controversy: let's keep things sweet," or words to that effect?

We do this, perhaps, because we are nice people, and like to be nice to people, and want them to be nice to us. Or so we rationalize. But we sometimes wonder if too much of it is a good thing; if sometimes it is an indictment of our understanding of democracy and democratic processes and our faith in all those ideas and concepts about free citizens in a free society.

Here are a few excerpts from an address by Dr. Buell G. Gallagher, president of City College of New York, entitled "Controversy — An instrument of Freedom";

Those who disagree with me are merely exercising the basic right of free men with minds of their own. In speaking freely, I am doing the same. The right to differ without rancor and without penalty is fundamental to any form of free inquiry or free instruction. Freedom in education is impossible unless men can differ without malice and with impunity.

I begin with the assumption that the possibility of controversy is essential to freedom; and since I would not associate myself with any society other than a free society, I gladly welcome the possibility of controversy.

Not that there is a positive virtue in controversy for controversy's sake. Other things being equal, I am a man of peace, preferring a peaceful atmosphere maintained by peaceable men. That is precisely why I insist that controversy must always be a free possibility. There is no other way, in a free world, to prevent conflict; not the clash of ideas and opinions, but the clash of arms and men, follows when controversy is impossible—and only conflict can result.

If the controversy that is natural in a free society is outlawed, then differences of opinion come to be regarded as bad taste and, at worst, as treasonous betrayals. In such a world, the notion of controversy itself has become controversial. I hold that the only issue that is not open to controversy is whether controversy is permissible.

There is no other way to maintain and promote freedom than to exercise it. If freedom is to be real, the possibility of advancing new ideas, or old ideas, must always be present. That means the possibility of controversy. For from meaning that there should be no teaching of controversial subjects, it means that almost any subject is potentially controversial.

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In the words of John Milton, "Controversy being permitted, falsehood will appear more false, and truth more true." Freedom is a great enough value in and of itself; but when the method of freedom is seen also to be the best pathway toward the unmasking of falsehood and clarification of man's understanding of truth, controversy takes a pragmatic defense.

Free controversy is the only method known to man whereby the deadly hand of forced conformity may be lifted while at the same time creative energies are realeased. For there are two, and only two, methods of avoiding controversy. The first is, by force and compulsion, to declare that only one position is acceptable and all must accept it. This is totalitarianism. The result of the authoritarian or totalitarian denial of controversy is a monolithic political state, intertwined with its servant — a monolithic religion, and using a monolithic education to compel uniformity in practice, belief and thought. The accusations of treason, heresy and subversion cover the political, religious and educational areas. Controversy is forbidden.

The second method of avoiding controversy is indifferentism. This position declares that all ideas, all moralities, all practices, are equally acceptable. Under this second alternative, where all points of view are regarded as equally valid, anarchy is perilously avoided only by a quality of individual and group forebearance, which, if successful, prevents all enthusiasms and results in a society of well-intentioned and naively mediocre persons with completely suspended judgement who are horrified or bored at the notion of a passionate espousal of any cause or adherence to any set of values. The working tools of such a society are studied indifference, cultivated ennui, and foppishness, in the actual and potential drying up of all creative impulses, the decay of art and morality, and the falling apart of the political structure.

I say that you cannot maintain a free society without defending the possibility of controversy. The ability to differ without bringing extraneous pressure is the hallmark of the free mind. In societies of free men, controversy will be as much a part of life as the integrity on which all must rest. Urbane and joyous if possible, controversy may become heated if necessary. But it need never degenerate into conflict if intelligence rules, democratic processes are employed, and men of integrity respect one another. It is only to the psychopathic, that tolerance of dissent is impossible.

---

Recently in the magazine *School Life* appeared the following excerpt from "Teachers of Our Time";

Teaching is indispensable to the preservation and improvement of any nation. Through teaching, knowledge is passed on from generation to generation, and its wider diffusion and more rapid advancement made possible. Through teaching, the powers of youth are drawn out and disciplined in practice. Through teaching, the values that characterize a culture's fate must lie. Through teaching, a people's capacity to meet change in ways that increase the national welfare is strengthened. In all civilized communities the task of teaching is chiefly entrusted to a company of experts. It makes a difference who and what these teachers are. Social well being and social advancement depend in marked measure on their excellence. But who these teachers are, and what they are, turns directly upon the effectiveness of the arrangements that we make for their education. To improve teacher education is to improve teaching; to improve teaching is to improve the schools; to improve the schools is to strengthen the next generation; to strengthen the next generation is a social duty of the first magnitude.

## Alberta

The following are staff changes in the Alberta Public Health Nursing Services:

**Appointments** — Joan McConnell (Saskatoon City Hosp.) to Plamondon; *Margaret Fawcett* (Univ. of Alberta Hosp., Edmonton) to Tulliby Lake.

**Transfers** — *Mrs. Signe Genoud* from Plamondon to Grassland; *Mrs. Anna V. Johnson* from Tangent to Didsbury.

## Canadian Red Cross Society

The following are staff changes in the Provincial Divisions of the Canadian Red Cross Society.

### BRITISH COLUMBIA

**Appointment**—Atlin: *Norah A. Roxborough* (St. Paul's Hosp., Vancouver).

**Resignation**—Lone Butte: *Margaret B. Laughlin.*

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(7) Moose Factory Indian Hospital, Moosonee, Ontario.

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**Leave of Absence**—Red Alexis Creek: *Lillian Whiteside.*

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**MANITOBA**

**Appointment**—Alonsa Nursing Station: In charge, *Dorothy Ashley* (St. Boniface Gen. Hosp.).

**QUEBEC**

**Appointment** — *Yolande Paquin* (Ste. Justine Hosp., Montreal) to Barachois, Gaspe.

**Leave of Absence** — To take refresher courses in public health nursing: *Mrs. Johan D. Newbury* from Grosse Isle, Magdalen Is., and *Yolande Paquin* from Barachois.

## Ontario

The following are staff changes in the Ontario Public Health Services:

**Appointments** — *Edna Grexton* (B.Sc.N., Univ. of Toronto), as senior nurse, to Scarborough Township Board of Health. *Ruth (Hill) Haig* (B.Sc.N., U. of T.) to Simcoe County Health Unit; *Margaret Lackie* (St. Jos. Hosp., London, Univ. of West. Ont. cert. course) and *Donna McDonald* (B.Sc.N., U. of T.), both to London Dept. of Health; *Jeannine Malette* (St. Jeanne d'Arc Hosp., Montreal, Univ. of Ottawa cert. course) to Ottawa B. of H.; *Helen Moore* (St. Jos. Hosp., Toronto, U. of T. gen. course) to Wellington County H.U.; *Helen Pinzhoffer* (St. Michael's Hosp., Toronto, U. of T. gen. course) to Toronto D.P.H.

**Appointments** — Mary Henderson (St. Jos. Hosp., London, Univ. of Toronto gen. course) to Kitchener Dept. of Health. *Eleanor Leavens,* formerly with Simcoe Co. Health Unit, to Tor. Dept. of Public Health. *Lois Leeson* (Victoria Hosp., London, Univ. of West. Ont. cert. course) to Elgin-

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St. Thomas H.U. *Joan Kenney* (B.Sc.N., U.W.O.), *Doreen Parker* (Montreal Gen. Hosp., McGill Univ.), *Virginia Wilson* (St. Jos. Hosp., Toronto, U. of T. gen. course), all to Peel Co. H.U. *Maria Klimchuk*, formerly with Welland and District H.U., *Edith (Munroe) Thompson* (Ottawa Civic Hosp., U. of T. gen. course), *Pauline Tomlin* (V. H., London, U.W.O. cert. course) to Windsor Board of Health. *Ruth (Roszell) Neilson* (Tor. Gen. Hosp., U. of T. gen. course), relieving at North Bay.

**Resignations** — Jean (Arnott) Chyc from York Co. H.U. *Jean (Fortner) Glover* from York Township B.H. *Eleanor (Smith) Graham* from Elgin-St. Thomas H.U. *Florence Gobert (Scott) Schaus* from St. Catharines-Lincoln H.U. *Beryl (Lucas) Sussell* from Simcoe Co. H.U.

*Beverley (McNair) Considine* and *Hilda (Pletch) Shilliday* from Huron County H.U.; *Eleanor Leavens* from Simcoe County H.U.; *Catherine Vaughan* from St. Catharines-Lincoln H.U.

### METROPOLITAN HEALTH COMMITTEE, VANCOUVER

The following are changes in the nursing staff of the Metropolitan Health Committee:

**Appointments** — *Isobel Angus* (B.S.N., Univ. of B.C.); *Marion Arnold* (Regina Gen. Hosp.); *Marcella Curran* (Montreal Gen. Hosp., Univ. of Ottawa cert. course); *Clara Gould* (B.S.N., U.B.C.); *Renée Key* (Manchester Royal Infirm., College of Technology health visitor cert. course, Manchester); *Henrietta Shipley* (Misericordia Hosp., Winnipeg, Univ. of Manitoba cert. course).

**Returned to Staff** — *Margaret (Allport) McKenzie, Bessie Sherwin.*

**Resignations** — *Carol Anderson, P. Gourley, Mrs. Louise Houde, M. Lithgow, Patricia McInnis, Helen (Service) Smith, V. White.*

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## Victorian Order of Nurses

THE FOLLOWING ARE STAFF changes in the Victorian Order of Nurses for Canada:

**Appointments** — Brantford: *Donna Finnerty* (St. Jos. Hosp., Hamilton). Montreal: *Mrs. Elizabeth Baird* (Orange Memorial Hosp., New Jersey); *Roseamond Nussey* (Montreal Gen. Hosp.); *Mary Ready* (Halifax Infirm.); *Mrs. Winnifred Roy* (St. Jos. Hosp., Montreal); *Suzanne Sutton* (St. Georges Hosp., London, Eng.). Niagara Falls: *Veronica Wirt* (Halifax Infirm.) Ottawa: *Jean Alexander* (Victoria Infirm., Glasgow, Scotland). Prince Albert: *Lucinda Webb* (Calgary Gen. Hosp.). Saint John, N.B.: *Mrs. Helen Dakin* (Saint John Gen. Hosp.). Sudbury: *Jeannine Larcher* and *Rosalie St. Aubin* (both St. Jos. Hosp., Sudbury). Toronto: *Edith C. Robinson.*

Calgary: *Betty Loveseth* (University of Alberta). Dartmouth: *Joan Morris* (Royal Victoria Hosp., Montreal). Hull: *Denyse Raby* (Sacred Heart Hospital, Hull). Montreal: *Beverley Pritchard* (R.V.H., Montreal). Saint John, N.B.: *Kathleen Christenson* (St. Jos. Hosp., Saint John); *Elsie Todd* (Saint John Gen. Hosp.). Toronto: *Elizabeth McCarthy* (Women's College Hosp., Toronto); *Geertje Westra* (Academisch Ziekenhius, Holland); *Anne Wilburn* (Toronto West. Hosp.). Victoria: *Ruth Harness* (Grey Nuns' Hosp., Regina). York Township: *Amy Keown* (Wellesley Hosp., Toronto.

Corner Brook: *Eleanor Grace* (St. Clare's Mercy Hosp., St. John's, Nfld.). Halifax: *June Knowles* (Wellesley Hosp., Toronto). Hamilton: *Elizabeth Love* (Adelaide Hosp., Cork, Ireland); *Lois Powell.* Lachine: *Agnes McGee* (St. Mary's Hosp., Montreal). Moncton: *Kathleen Boutilier* (Victoria Public Hosp., Fredericton). Montreal: *Dorothy Greer* (Montreal Gen. Hospital); *Ann Heslop.* Ottawa: *June Horrocks* (Vancouver Gen. Hosp.); *Ninon LaBelle* (Ottawa Univ. School of Nursing). Vancouver: *Louise Houde* (St. Paul's Hosp.); *June Walker* (V.G.H.).

**Reappointment** — Hamilton: *Ruby Kruger.*

**Transfers**—In charge: *Irene Edgar* from Pembroke to Barrie; *Helen Kennedy* from Peterborough to Port Arthur; *Norma Saimon* from Saint John to Fort William; *Helen Servage* from Ottawa to LaSalle; *Rose Theberge* from Hull to Pointe Claire.

*Raymonde Picard* from Moncton to Montreal.

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## Nursing Sisters' Association

The Montreal Unit of the Nursing Sisters' Association held their annual meeting at Queen Mary Veterans' Hospital. The following were elected to office: President, E. Groenewald; vice-president, M. Farmer; secretary, C. Partington; treasurer, Mrs. P. Bisaillon; committees: social, H. MacQueen, H. Burpee, E. Hattie; visiting, J. Toller, N. Kennedy-Reid; special, T. MacDonald. The representative to the Montreal Council of Women is C. Thompson.

Miss I. Courtenay, president, was in the chair for the business portion of the annual meeting of Windsor Unit prior to the election of officers. Miss D. Colquhoun, secretary, included the following in her report of a very active year: Six business meetings, active participation in the many events of the Centennial, attendance at annual memorial services and dinners locally and out-of-town. A picnic, a tea and a Christmas party were held and the Unit sold the quota of tickets allotted to them by Windsor and Essex Chapter of the R.N.A.O. The commission swelled the funds of the Educational fund started by a donation from the Windsor Nurses' Centennial Committee. The treasurer, Mrs. Williams, reported that $78 was raised by Talent money while $25 was paid for the Armistice Day wreath and $25 each was donated to the Graves Commission and the Toronto Hurricane Fund.

Officers elected are: President, D. Colquhoun; past president, I. Courtenay; vice-president, Mrs. E. Wallbank; secretary, Mrs, D. B. Millen; treasurer, Mrs. M. Morris; Others serving are: Misses R. Thompson, F. MacDonald, I. Bull, Mmes J. McIntyre, R.S.C. Williams, M. Partushek, H. Armacora, Detroit.

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# News Notes

## ALBERTA

### District 2

#### Wetaskiwin

Mrs. Fearnehough, president, was in the chair at a recent meeting of the chapter. Twenty members attended. F. McWhinnie introduced Mrs. R. Simondson, an extensive traveller, who discussed hobbies and exhibited an interesting collection of her work. Members of the staff of Municipal Hospital presented amusing skits in honor of L. Doupe, M. Ringwall, and I. Undershultz, who are leaving the staff. Mrs. L. Holmes was made convener of the annual Daffodil tea.

### District 3

#### Calgary

The following are included in the officers elected at the annual meeting of the district: President, E. Shaw; vice-president, A. Fallis; secretary, D. Grad; treasurer, B. Tomkins. Sr. Mageau is the representative to *The Canadian Nurse*. During the year, guest speakers were: Mrs. R. Clark of the Handicapped Association; Miss Tone, social worker at the Alcoholism Foundation of Alberta; Dr. C. M. Shafto on the science of ophthalmology. Letters of thanks were received from recipients who are now in training. Two further bursaries will be awarded this year from funds obtained from bursary teas. E. Shaw conducted the February meeting. Thirty-three members were present to hear Dr. Florendine speak on radiology. Miss Thompson introduced the speaker and Miss Buchan thanked him.

#### Vulcan

Mrs. R. Jamieson chaired the March meeting of the chapter attended by 10 members. Assistance to local welfare cases was discussed and plans were made. Mr. W. Shields was guest speaker and gave the latest information on the ravages of the hydrogen bomb. Mr. Shields stressed the need for organization of nurses in the civil defence unit. Notices to all nurses in the county were scheduled.

### District 4

#### Medicine Hat

There were 23 members present at the March meeting of the district. Plans were made for the annual re-dedication service and graduation exercises to be held at the same time. Four voting delegates and two others were chosen to attend the annual

meeting in Calgary. A report on the community nursing registry was given by the president, Mrs. R. McKay. Two members of the student nurses' association were guests.

## District 7

### Edmonton

Thirty-six members attended the March district meeting. Miss Hall read a request for old uniforms for Korea, under the auspices of the Unitarian services. It was reported that an Easter parcel had been sent to Miss Batten. Discussions regarding the annual meeting in Calgary and a brunch party followed. E. Taylor thanked Mr. F. Lowe who spoke on certain aspects of the newer drugs following the business meeting.

### Jasper

An interesting and active year for Edith Cavell Chapter was reported at the annual meeting. Average attendance during the year was 11 members. Some members have moved away but new arrivals will bring the membership to 18. The main project was to aid the Home and School Association in the completion of the public health unit by the addition of the nurse. An emergency cupboard is supplied to the fire hall. Several interesting films were shown and Miss Emerson spoke on the functions of a public health unit while Dr. Betkowski talked on new drugs. Funds from a bridge party enabled a donation to be sent to the St. John Ambulance Association. The Well Baby Clinic is being carried on until a series of inoculations and vaccinations is completed. The year closed with a banquet.

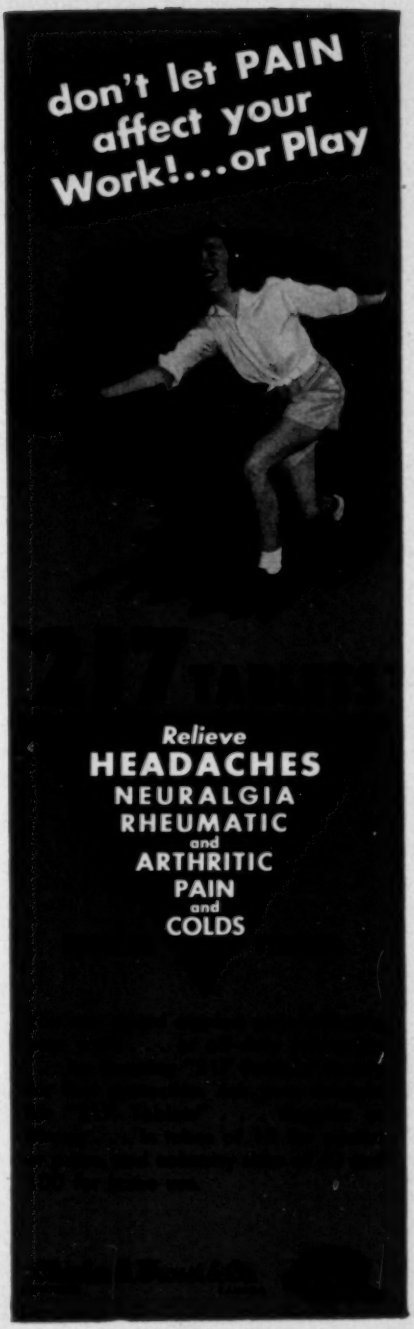
Mrs. Bruce was chairman for the evening at a recent meeting. Prospective members and visitors were welcomed. Nine members attended. It was reported that 49 children had received inoculations for whooping cough at the Well Baby clinic. Mrs. Vuksnovich reported on the meeting held regarding the proposed public health unit, while Mmes Brodie, Garford, and Gates volunteered as delegates to the co-ordinating meeting and as canvassers. New officers are: Chairman, Mrs. E. McCague; vice-chairman, Mrs. T. Bruce; secretary, Mrs. R. Gates; treasurer, Mrs. K. Garford; visiting committee, Mmes P. Brodie, Vuksanovich.

### Stony Plain

Mr. F. G. Jamieson, school commandant of civil defence headquarters, was guest speaker at a recent meeting of the chapter. Films on nuclear physics, radiation and atomic bomb phenomena were shown, interspersed by discussions and question periods.

### Vermilion

There was an average attendance of about 20 nurses at chapter meetings during the year. At Christmas, home-made candy supplied treats on the hospital trays. Dr. Johnston spoke on the newer drugs at an



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earlier meeting. A "Burn's Night" was sponsored to raise funds and was successful and entertaining.

## BRITISH COLUMBIA

### Chilliwack

Prior to a recent regular meeting of the Chapter, the members were guests of the public health nurses and heard Dr. R. Outerbridge of New Westminster speak on "Infant Injuries and Congenital Deformities."

Mrs. A. Edmeston presided at the business meeting later. Mrs. G. Wilson was made honorary president and Mrs. R. Smithwick, honorary vice-president. Members were chosen to attend meetings of affiliated societies. B. Beck and V. Day were named delegates to the provincial convention. Mrs. H. Brown read a paper on some of the new drugs being used.

At the annual meeting of the chapter, Mrs. A. Edmeston was re-elected president. Serving with Mrs. Edmeston are: Vice-president, B. Beck; secretary, V. Day; treasurer, Mrs. H. Bersea; and in other capacities, K. Crowley, Mmes G. Matthews, F. Barwell, R. Watson, C. Pennock, C. Law, B. McKay, L. Hawthorne, H. Brown, M. Firby. The representative to *The Canadian Nurse* is A. Bush. Included in the annual report were the following special features: Assistance to Save the Children Fund, CARE, Community Chest, and many other varied charities; Enid Chadsey bursary awards to two prospective nursing students; five classes on the teaching of first aid and home nursing in disaster; bi-monthly talks to the Future Nurses' Club at the high school.

### Crescent Beach

A fund to establish a memorial to the late Nursing Sister Edith E. Lumsden in the Church of the Ascension is under way. Miss Lumsden's life service to church and community and devotion to duty was an outstanding example to all.

### Prince George

Mrs. A. Embleton was elected president of Fort George Chapter at the annual meeting. Other officers are: Vice-president, Mrs. E. Bond; secretary, Mrs. E. Angly; treasurer, Mrs. I. Ford. An address by Dr. R. G. Ross on "Certain Aspects Which Lead to Asphyxia and Cyanosis in the Newborn" proved interesting. Reviewing the past year's activities, Mrs. G. Hill, retiring president, remarked that growth in Prince George population had resulted in increased membership of the chapter. Four doctors spoke at meetings during the year and addresses by the provincial registrar and Cariboo district councillor were heard. The winner of the $125 bursary entered Vancouver General Hospital for training. A survey of nurses was made in connection with future developments in local civil defence and nurses were asked to support forthcoming

courses. A bridge to supplement funds for the bursary was planned.

### Trail

Thirty-two members attended the March meeting of the chapter conducted by the president, Mrs. Ross. A motion to add $50 to the A. Chesser fund was carried. Over $58 was realized from the Valentine bridge. Books for the nurses' reference library in the new hospital to the value of $87 were purchased. Miss Alice L. Wright, executive secretary and registrar of the R.N.A.B.C., was scheduled to be guest speaker at the district dinner. A tea was planned for Florence Nightingale Day. The annual report given by past president, A. Baker, recorded an active and successful year. Among other projects, it was noted that the nurses' lounge in the new hospital was furnished at a cost of $400 and the reference library started. The meeting closed following the showing of films on Australia and New Guinea.

### Vancouver

*St. Paul's Hospital*

Mrs. E. Thompson led a discussion at a recent meeting of the alumnae association in connection with the membership drive. Many helpful suggestions were forthcoming. It was suggested that a public relations committee would be of value. Tentative plans for the homecoming, bazaar and spring dance were discussed. A letter of thanks was received from Sr. Denise for the assistance given by members with the civil defence luncheon.

### Victoria

*Royal Jubilee Hospital*

The following nurses completed the post-graduate winter course in operating room technique and management at the hospital: M. Brunsden, Medicine Hat General Hospital; L. Coones, Peterborough Civic Hospital; S. Hayward and M. Matovich, St. Paul's Hospital, Vancouver; N. Macfarlane, M. Richardson, R.J.H.

## MANITOBA

### Dauphin

At the annual meeting of the chapter Mrs. J. Clarke was made president, succeeding Mrs. J. Paul who has held the office for the past three years. Other officers installed by Mrs. W. Harrington, first president, are: Vice-president, Mrs. W. Miller; secretary, Mrs. G. Campbell; treasurer, Mrs. J. Blackburn; and in other capacities, Mmes L. Milner, K. Little, C. Bingham, L. Ewen, A. Krauter, C. Spencer, V. Barber, A. Schmeidl. Mrs. Clarke took the chair and reports of 1954 were heard. Among the projects discussed for 1955 was one to sew and donate blankets and gowns to the hospital nursery. A new member, Mrs. T. Whelan, was welcomed.

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**• SCHOLARSHIP AWARD •**

The **Alumnae Association of the Kingston General Hospital, Kingston, Ontario,** is pleased to announce that a Scholarship will be awarded this year, covering $500, to a member who has had at least one year's experience and who wishes to take post-graduate study.

Please state course desired and make application, before **May 31,** to:

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WINNIPEG

*General Hospital*

Members of the alumnae association modelled at the fashion show presented by Arlyne's Fashion Shoppe following a recent business meeting. The annual tea was well attended and receipts were good. Out-of-town members contributed in the form of a Phantom tea.

*St. Boniface Hospital*

In a brief summary of the activities of the alumnae association during the past year, it was noted that the proceeds from the spring graduation dance were $583. The spring tea added $516 to the funds. At the October meeting, Mrs. McNaughton welcomed the senior student body who were guests of honor. Ninety-six members were present. Dr. S. S. Peikoff presented colored slides of his trip to Brazil as Canadian delegate to the International College of Surgeons. The annual fall dance was held in November.

## NEW BRUNSWICK

MONCTON

*Nurses' Hospital Aid*

Plans for the annual graduation dinner were made at a recent meeting conducted by the president, Mrs. G. Shaw. Mrs. M. Perry was chosen as convener. A Chinese auction followed the business meeting.

NEWCASTLE

Mrs. Whitney, was chairman at a recent meeting of Miramichi Chapter when a panel discussion was held under the direction of Mrs. O. Stephens. Student nurses, V. Matchett, E. Tozer and A. Matheros participated in giving opinions on possible methods of improving the present curriculum and living conditions of the student nurse. Dr. Rolla Wilson who proposes to specialize in radiology spoke on that subject and showed x-ray films on the viewing box. A question period followed. Miss MacKenzie of the V.O.N. thanked Dr. Wilson.

SAINT JOHN

Fourteen members attended a recent regular meeting of the Public Health Nursing Section in the V.O.N. offices. Small group discussions on the health and welfare services available to a non-resident of the community were held.

Louise Peter, president, conducted a recent meeting of the chapter when the special speaker, Miss G. Fitzpatrick, spoke on the differences in training and treatment between psychiatric and general nursing. Senior student nurses from the General and St. Joseph's Hospitals attended.

*General Hospital*

M. Moore was re-elected president of the alumnae association at the annual meeting.

Other officers include: Vice-presidents, Mmes H. Stirling, S. Rankin; treasurer and assistant, Mmes B. Crawford, W. McKinnon; secretary and assistant, Mrs. G. Somerville, K. Donahue.

Among those taking post-graduate study are: A. Jean Smith, a three-year course at the London Bible Institute; G. Alley and M. Purchase, refresher courses, at Dalhousie University; E. Holder, at the Montreal Neurological Institute. E. Colborne has joined the staff recently.

### St. Stephen

At recent meetings of the chapter, interesting topics by guest speakers included: New Diets for Diabetics by Dr. H. S. Everett; Nursing Care and Extraordinary Care of Patients. A panel discussion on a gall bladder case was arranged and conducted by three student nurses of Charlotte County Hospital at the February meeting. $100 was donated to the recent Hospital Financial Drive. Chipman Memorial and Charlotte County alumnae donated $50.

## ONTARIO

### District 5

### Toronto

#### *St. Michael's Hospital*

The alumnae association has pledged a payment of $5,000 over a four-year period into the Hospital Fund, under the direction of Miss Grace Murphy, director of nursing education.

#### *Western Hospital*

The president, G. Saunders, conducted a recent meeting of the alumnae association. D. Madgett, graduate of the physiotherapy course of the University of Toronto, spoke on the subject, "How to Relax." A successful St. Valentine's dance was sponsored. The annual spring tea and a buffet supper for the graduation class were planned. Other officers serving with Miss Saunders are: Past president, K. Ellis; secretaries, E. Prior, Mrs. J. Gibson; treasurer, M. Steed.

### District 7

### Kingston

The annual meeting of the district was held at Ongwanada Sanatorium with a large attendance. Miss Lewis, assistant to Miss Walker, general secretary-treasurer of the R.N.A.O., as guest speaker, explained the working procedures of the provincial office. A banquet followed when the speaker of the evening, Dr. V. Douglas, dean of women at Queen's University, gave an account of her trip to South America to attend a meeting of UNESCO. It was decided that Perth Chapter would arrange the June meeting at Merrywood Camp for Crippled Children.


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## PRINCE EDWARD ISLAND

### CHARLOTTETOWN

R. Ross, president, conducted the March meeting of the district. Miss M. Archibald, secretary-registrar of the A.N.P.E.I., gave a report on the program for the institute on mental health. V. Darrach reported on the progress of the revision of the Constitution and By-Laws. Later, films on maternal education were shown.

### *Community Nursing Registry*

Mrs. G. MacKay was re-elected president at the annual meeting. Mrs. J. Dewar is vice-president and Mrs. M. Maddigan, secretary-treasurer. Miss Archibald, who again consented to act as honorary treasurer, gave the financial statement. Following the president's report, Mrs. H. Horne presented the registry report. Three fund raising projects were planned. An increase in the private nursing fees was discussed. Talks and demonstrations were given by Sr. M. Patricia on urological nursing care and B. Pratt on nursing care following gastric surgery.

## QUEBEC

### MONTREAL

### *Royal Victoria Hospital*

Recent staff appointments include: To Ross Memorial, T. Pattenden, N. Barnes, M. L. McLelland; Main building, E. Watts, V. Wright, W. Wightman, V. Volt, B. Neil; O.P.D., M. Van Dusen, A. Stewart, C. McGorman. F. Strachan has gone to England. M. Coleman is on the staff of St. George's Hospital, Alert Bay, B.C. D. Lane is hostess with Canadian Pacific Airlines on the Pacific route from Vancouver.

The following members attended a recent meeting of Calgary Chapter: M. Ball, M. Cogswell, D. (Dalton) Pilcher, R. Durham, S. Hart, M. (Kelly) Barr, M. (Moe) Learmouth, J. (Rowat) Gorrell, A. (Rosevear) Lafond, J. (Reid) Richardson, M. Street, P. Spooner. Officers are L. Wright and M. Quirk.

The annual buffet supper of Halifax Chapter was scheduled for April.

## SASKATCHEWAN

### SASKATOON

### *St. Paul's Hospital*

The new Constitution was accepted by the alumnae association at the annual banquet. The Glee Club, directed by Mr. Duigan, provided musical entertainment.

Thirty-five student nurses received their caps at the recent capping ceremony. Later, guests were entertained by a puppet show and 25 new students were introduced. There were 20 members in the graduating class in February.

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**Asst. Supt. of Nurses** for August 15, 1955. Salary: $266 — 321 per mo. also **Senior Instructor** for August 1 to direct teaching program and teach nursing arts. Salary: $266-321 per mo. **Clinical Instructor** immediately to teach psychiatric nursing on male wards. Salary: $266-321 per mo.; also **Graduate Nurses with Psychiatric Training.** Salary: $216-256 per mo.; without psychiatric training, $211-251 per mo. All for 1450-bed active treatment hospital conducting an accredited school of training; 44-hr. wk; residence with board, if desired, $30 per mo. Excellent holiday, sick leave and pension programs. Apply, stating qualifications and experience to Supt. of Nurses, Provincial Mental Hospital, Ponoka, Alta.

---

**Assistant Director of Nursing Service,** qualified to direct and supervise patient care in 100-bed pediatric hospital. Applications to be accompanied by suitable names for reference and recent photo. For further particulars apply: Director of Nursing Service, Children's Hospital, 250 West 59th Ave., Vancouver 15, B.C.

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**Supervisor of Nursing** for 28-bed general hospital in Huntingdon County, in a small industrial town 45 miles from Montreal, offering many pleasant social and recreational activities. Pleasant working conditions; living quarters in hospital; annual holiday of 1 mo.; statutory holidays; two wks. sick leave; Blue Cross paid. No previous Supervisor has ever left us due to dissatisfaction with working conditions or salary. Losses mainly have been due to marriage. Good starting salary. Apply: F. G. McCrimmon, M.D., Medical Superintendent, Box 488, Huntingdon, P.Q.

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**Head Instructor for Training School to teach Sciences.** 86-bed hospital; 30 students. Complete maintenance provided in comfortable suite. Apply, stating qualifications & salary expected, A. J. Schmiedl, Sec.-Manager, General Hospital, Dauphin, Man.

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**Instructor in Sciences,** including curriculum planning, **Clinical Instructor** in Medicine and **Clinical Instructor** in Surgery required for School of Nursing by August 1, 1955, in 177-bed hospital, affiliation arranged in T.B. nursing, Psychiatric Nursing and Pediatric Orthopedic affiliation. Maximum of 60 students. One class a year. Excellent personnel policies. For further particulars apply to Miss E. A. Bietsch, Director of Nursing, Medicine Hat General Hospital, Medicine Hat, Alberta.

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**Nursing Arts Instructor; Clinical Instructor in Medicine, Surgery and Pediatrics** for 370-bed hospital; 115 students; good personnel policies; 44-hr. wk. Apply to: Director of Nurses, Misericordia Hospital, Edmonton, Alberta.

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Applications are invited for the position of **Supt. of Nurses;** applicants should be registered or able to register in British Columbia. Give particulars of training, qualifications and experience in first letter and for further details apply to Administrator. Kimberley & District General Hospital, Kimberley, B.C.

---

**Operating Room Supervisor,** experienced, preferably with p.g. course; also **Clinical Instructor for Surgical Nursing.** Salary dependent on qualifications and experience. New wing near completion. For further particulars apply: Director of Nursing, Union Hospital, Moose Jaw, Sask.

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**Instructor** to teach anatomy and physiology, microbiology first term, followed by surgical nursing lectures and clinical supervision on surgical wards. Starting salary: $225; $10 for 2 yrs. experience; $10 yearly increments; 1½ days sick leave, cumulative; 10 statutory holidays; 40-hr. wk; 1 class per yr. in September. Apply to: Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

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**Surgical Instructress** for 176-bed hospital. Good personnel policies. Apply Director of Nurses, Providence Hospital, Moose Jaw, Sask.

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**Head Nurses, Evening Supervisor,** and **Nursing Arts Instructor.** Salaries according to qualifications and experience. Apply: Director of Nursing, The Children's Hospital, Winnipeg, Manitoba.

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**Instructor for Nursing Arts & Surgical Nursing,** followed by Clinical Teaching. Good salary & personnel policies. Apply Director of Nurses, St. Joseph's Hospital, Chatham, Ontario.

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**Head Nurse** with University Certificate & previous experience preferred for 44-bed Medical Unit. **Clinical Instructor in Obstetrical Nursing (1),** duties to include assisting the head nurse in 26-bed unit. Apply Director of Nursing, General Hospital, Oshawa, Ontario.

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**Operating Room Nurses,** immediate appointments, for 511-bed newly enlarged and finely equipped hospital; 10 operating rooms now completed. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial and educational friendly activities; living cost reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio, and Pittsburg, Pa. Friendly and considerate working associates and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

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**Operating Room Nurse** with post-graduate training or qualified by experience, to commence duty on June 25 in preparation for taking charge of operating room in September. For full particulars apply Director of Nurses, Union Hospital, Swift Current, Sask.

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**Operating Room, Obstetrical, General Staff and Infectious Disease Nurses.** Salaries commensurate with experience; 28 days vacation after 1 yr.; 44-hr. wk.; statutory holidays. Apply, stating experience and qualifications to: Director of Nursing, General Hospital, Kingston, Ont.

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**Operating Room Nurses** and **General Duty Nurses** for new 150-bed hospital. Starting salary for Registered General Duty Nurses $230 with annual increases to $40. 1½ days per mo. cumulative sick leave; 40 hr. wk; 28 days vacation; 10 statutory holidays. Apply: Supt. of Nurses, Trail-Tadanac Hospital, Trail, B.C.

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**Registered Operating Room Nurse** for 22-bed general community hospital in a friendly town in the Cariboo District. Starting salary: $230 per mo. to B.C. registrants; less $25 board, $25 residence; 40-hr. wk.; 1 mo. vacation with full salary plus all statutory holidays; transportation up to $60 refunded after 6 mos. service. Sick leave benefits. Apply, stating experience to Director of Nursing, Quesnel General Hospital, Quesnel, B.C.

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Applications are invited from **Registered Nurses for Operating Room Duty.** For further information write: Director of Nursing, Victoria Hospital, London, Ont.

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**Pediatric Charge Nurse** for children's service of 44 beds. Graduate nurse with post graduate study preferred. Apply: Director of Nurses, Royal Alexandra Hospital, Edmonton, Alberta.

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**Public Health Nurses** for Dept. of Health, City of Kingston. Salary range in effect. 5-day wk. Pension & hospitalization plans available. Apply Medical Officer of Health, City Hall, Kingston, Ont.

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**Public Health Nurses** (qualified) for generalized public health nursing city service, and (1) for secondary school program. Basic salary: $2,900 adjusted according to experience on starting. Annual increment $150; shared pension, medical care and hospitalization plans; sick leave accumulative; transportation provided or car allowance. Apply: Medical Officer of Health, Peterborough, Ont.

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**Public Health Nurse** for well established generalized program in Grey County, population of town, 4,000. Minimum salary: $2,600; allowance made for experience; 4 wks. vacation. Apply to D. D. Brigham, Secretary, Board of Health, Hanover, Ont.

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**Public Health Nurse** (qualified) for City of Ottawa. Generalized program; good salaries; Blue Cross; superannuation. For full details apply to: Personnel Officer, Labor & Registry Office, Transportation Building, 48 Rideau St., Ottawa 2, Ont.

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**Public Health Nurses** for generalized program. Minimum salary: $2,700, with allowance for previous experience, and annual increments of $120. Cumulative sick leave plan; pension plan and Blue Cross available; interest-free loans for purchasing cars if necessary. Liberal transportation allowance and holidays. Apply to: A. E. Thoms, M.D., Director Leeds and Grenville Health Unit, Victoria Building, Brockville, Ont.

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**Public Health Nurse for York Township.** Minimum salary: $2,800 with annual increment, accumulative sick leave, 5-day wk., pension plan. Generalized program. Apply: Dr. W. E. Henry, Medical Officer of Health, 2700 Eglinton Ave. W., Toronto 9, Ont.

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**Staff Nurses.** Minimum salary: $2,700 plus annual increments as determined by the Board, to a maximum of $3,100. Policies are 38-hr. wk., 3 wks. holiday with pay, all statutory holidays, 2 days per mo. sick leave accumulative to 48 days. Uniforms provided. Apply: W. M. Abraham, Sec. Treas., Kent County Board of Health, 7th St., Chatham, Ont.

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**Registered Nurses for General Duty and Operating Room** in 200-bed hospital in Niagara Peninsula. Gross salary: $210; afternoons: $220; nights: $215. Annual increments; 44-hr. wk.; cumulative sick leave; 8 statutory holidays; 3 wks. annual holiday. Accommodation available in attractive residence. Apply: Director of Nursing, Welland County General Hospital, Welland, Ont.

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**General Duty Graduate Nurses** for 70-bed acute General Hospital situated 200 miles northwest of Vancouver on the B.C. coast. Salary $222 per mo. plus four semi-annual increments, less $25 per mo. full maintenance; 4 wks. holidays plus 10 statutory holidays after 1 yr. Transportation advanced if desired. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

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**General Staff Nurses** for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & post-graduate program. Full Maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

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**A qualified staff for the following positions:**

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**Gross salary commensurate with experience, 28 days vacation after one year, 8 statutory holidays, sick leave accumulative to 60 days; Residence accommodation available at reasonable rates. Hospital has recently completed a well equipped and staffed wing with extensive renovation program progressing in the old section.**

**APPLY DIRECTOR OF NURSING**

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**Qualified Medical Records Librarian or Graduate Nurse** who has had course in typing with some knowledge of Medical Records requirements or is willing to take 2 mo. training at our expense in hospital approved by us. Apply Administrator, Plummer Memorial Public Hospital, Sault Ste. Marie, Ont.

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**Maternity Nurses** for small general hospital. Salary $105 with full maintenance; 44-hr. wk; 8-hr. duty; rotating shifts; yearly increments and other benefits. Apply, Lady Supt., Barrie Memorial Hospital, Ormstown, Que.

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**Registered Staff Nurses,** immediate appointments, in 511-bed newly enlarged and finely equipped general hospital. Duty assignments in medical, surgical, pediatrics, psychiatric, obstetrics, or contagion units. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial, and educational friendly activities. Living costs reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio and Pittsburg, Pa. Friendly, cooperative work relations and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact: Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

---

**Registered Nurses for General Duty** (2) for 76-bed fully modern hospital on C.P.R. main line and Trans-Canada Highway to Calgary & Banff. Salary: $170 & full maintenance with $5.00 increment every 6 mos.; sick leave with pay; 1 mo. annual vacation with pay; 8-hr. day; 44-hr. wk. Apply Supt., Municipal Hospital, Brooks, Alta.

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**Registered Nurses for General Duty Staff.** Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

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**Registered Nurses for General Duty** in small General Hospital in town of Huntingdon, 45 miles southwest of Montreal, with excellent bus service to that city. Pleasant working conditions; 8-hr. duty with three rotating shifts. Salary: $150 per mo. with full maintenance & three increases of $5.00 per mo. semi-annually. BX paid; 1 mo. vacation after 1 yr. Apply Matron, County Hospital, Huntingdon, Que.

**ASSISTANT DIRECTOR, NURSING EDUCATION**

**SCHOOL OF NURSING, APPROXIMATELY 70 STUDENTS**

**1 CLASS PER YEAR**

**Affiliation — Pediatrics, Psychiatry and Tuberculosis**

**200-bed hospital in pleasant city, 33,000; 2 colleges**

**Good salary and personnel policies**

**Allowance for degree with experience**

*For further details apply to:*

**DIRECTOR OF NURSES, GENERAL HOSPITAL**

**GUELPH, ONTARIO.**

## School of Nursing
## McMASTER UNIVERSITY

Applications are invited for the position of Lecturer, to assist in the teaching of basic sciences to undergraduate students. Good qualifications in physical and biological sciences are essential. Appointment will be made for September, 1955.

*Apply:* **DIRECTOR OF NURSING EDUCATION,**
**HAMILTON COLLEGE,**
**McMASTER UNIVERSITY,**
**HAMILTON, ONT.**

---

**Graduate Nurses (3)** for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience, Matron, Terrace & District Hospital, Terrace, British Columbia.

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Inquiries invited from **Graduate Nurses for General Staff Duty.** 40-hr. wk. Salary: $235.50 per mo. as minimum and $273.75 as maximum, plus shift differential for evening and night duty. Temporary residence accommodation is available. Applications should be accompanied by letter of acceptance of registration in B.C. from Registrar of Nurses, 2524 Cypress St., Vancouver, B.C. Please apply to Personnel Department, Vancouver General Hospital, Vancouver, B.C.

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**Graduate Nurses for General Staff Duty** in 350-bed Tuberculosis Hospital in Laurentian Mts. For further information, apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Quebec.

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**General Duty Nurses** for modern 75-bed Hospital. Basic salary $170, plus maintenance. Apply Administrator, Dufferin Area Hospital, Orangeville, Ont.

---

**Graduate Nurses for General Duty.** Living-in accommodation if desired. Apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

---

**General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics.** Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

---

**Staff Nurses** for 500-bed general hospital; 40-hr. wk.; beginning salary: $270 per mo. with advancement to $305; additional differential $1.50 per afternoon, $1.00 per night. Hospital and school of nursing fully approved. Apply: Director of Nursing, The Grace Hospital, 4160 John R. St., Detroit 1, Michigan, U.S.A.

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**General Duty Nurses** for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary: $235-268. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

---

**Registered Nurses (2 or 3) for General Duty.** 18-bed hospital in beautiful Windermere Valley, B.C. Separate nurses' residence, fully modern. Salary: $220 per mo. less $50 full maintenance. 28 days vacation after 1 yr. service; 2 wks. vacation at end of 6 mos. if desired. Satutory holidays & 18 days sick leave per yr. cumulative. 8-hr. alternating shifts; 40-hr. wk. Good swimming, fishing, hiking; near Radium Hot Springs; new modern theatre. Apply, stating age & when available, Mrs. D. Cookson, Matron, Lady Elizabeth Bruce Memorial Hospital, Invermere, B.C.

---

**General Duty Nurses.** Basic salary: $200 with increments each 6 mo. to $215. Evening & night shifts receive additional $15 per mo. Benefits of free laundry, cumulative sick time, 3 wks. vacation, 7 statutory holidays. This is an attractive 60-bed hospital in a southern Ontario town. Apply Director of Nurses, Alexandra Hospital, Ingersoll, Ont.

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**General Duty Nurses (2)** for 18-bed hospital. Salary: $220 per mo.; $5.00 increment every 6 mo. Nurses' residence, full maintenance $40 per mo. 28 days annual holiday after 1 yr. service. Apply Matron, Lady Minto Gulf Islands Hospital, Ganges, B.C.

## WOODSTOCK GENERAL HOSPITAL
### WOODSTOCK, ONTARIO

*REQUIRES*

One Science Instructor — One Night Supervisor
Two Clinical Instructors (one qualified in Obstetrics)
Additional staff for our new Hospital.

*Apply:*

**MISS PHYLLIS BLUETT**
**DIRECTOR OF NURSING**

---

**Registered Nurses** for new 30-bed hospital. R.N.A.B.C. policies in effect. Apply Matron Creston Valley Hospital, Creston, B.C.

---

**Registered Nurses** for 60-bed hospital, starting salary $160 plus full maintenance. 8-hr. duty; 28 days vacation; pleasant surroundings with excellent residence across from hospital; increment after 1 yr. service for 3-yrs. Apply Supt. of Nurses, Alexandra Marine & General Hospital, Goderich, Ont.

---

**General Duty Nurses** for 108-bed modern hospital. Starting salary: $175 per mo. plus meals & laundry of uniforms. Additional for evening & night duty. Increase at 6 mo. and annually thereafter for further 2 yrs. 44-hr. wk. 8 statutory holidays; 21 days holidays after 1 yr. service. Cumulative sick time; medical & hospital plans available. Travelling expenses from point of entry into Ontario refunded after 6 mo. service. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ont.

---

**Graduate Nurses (2)** for 14-bed hospital. Good salary plus maintenance. 8-hr. day; rotating shifts. O.R. experience. 3 wks. holidays 1st yr. 8 statutory holidays. For further information apply Mrs. Eva Green, Supt., Memorial Hospital, Crystal City, Man.

---

**General Duty Nurses** for hospital 300 miles north of Vancouver, on the B.C. coast. Salary $215 per mo. less $40 maintenance; 2 annual increments of $5.00 per mo. Sick time 1½ days per mo. cumulative; 1 mo. annual holiday, plus 10 days in lieu of statutory holidays. Transportation to Bella Bella refunded after 1 yr. Apply: Matron, The R. W. Large Memorial Hospital of the United Church of Canada, Campbell Island P.O., Bella Bella, British Columbia.

---

**Graduate Nurses** for completely modern West Coast hospital. Salary: $260 per mo. less $40 for board, residence, laundry; $10 annual increment. Special bonus of $10 per mo. for night duty. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance not exceeding $60 refunded after first yr. Also **Charge Nurse,** 25-bed ward combined female surgery and obstetrics. Salary commences at $275. Apply, stating experience, Miss E. L. Clement, Supt. of Nurses, General Hospital, Prince Rupert, British Columbia.

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## LEADING 300-BED HOSPITAL ON LAKESHORE

*invites applications from*

1. General Duty Nurses
2. Supervisors — Obstetrical (1)
   Pediatric (1)

Accommodation in new modern residence available. Liberal Personnel Policies. Fifty Dollars refunded on transportation after one year's service.

*Apply to:*

**DIRECTOR OF NURSING, GENERAL HOSPITAL, PORT ARTHUR, ONTARIO**

# REGINA GENERAL HOSPITAL

**REGINA, SASK.**

***invites applications for the following Nursing Staff positions:***

1. Clinical Instructor — Medical Nursing.
2. Clinical Instructor or Assistant — Surgical Nursing.
3. Nursing Arts Instructor or Assistant.
4. Nursing Service Supervisor — (Nursing Office Staff).

Attractive Personnel Policies. Residence Accommodation — if desired.
New School Unit.

***Apply to:* Superintendent of Nurses.**

---

**Registered Nurses (2)** immediately. 36-bed General Hospital. Starting salary: $205 per mo. 3 wks. vacation with pay 1st yr. employment; 4 wks. thereafter. All statutory holidays. Regular sick leave; 50% Blue Cross payments. Apply Supt. of Nurses, Altona Hospital District #24, Altona, Manitoba.

---

**Registered Nurses & Maternity Nurses.** Basic salary: $150 & $105 respectively, with additional increases. Blue Cross & many other benefits. Attractive nurses' residence, motel style. Additional help required for opening of new floor. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

---

**Pediatric Supervisor** for small ward in Teaching Hospital. **Dietitian** for newly built hospital of 130 beds. **General Duty Nurses** for rotation duty. New residence provided. Salary for above three according to experience. This town is right by the sea & the summers are lovely. Apply Supt., Prince County Hospital, Summerside, Prince Edward Island.

---

**Obstetrical Administrative Supervisor** for 570-bed General Hospital, 76-bed dept.; supervision birth rooms, post partum & nursery. Salary: $3,936-$4,920. Degree preferred; collegiate school of nursing; N.L.N. temporary accreditation. 40-hr. wk. 9 holidays; 15 days cumulative sick leave; 12 working day vacation. Annual increments, Social Security & retirement. Living accommodations available. Apply Miss Louree Pottinger, Medical College of Virginia, Richmond, Virginia.

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**Night Supervisor, Head Nurses & General Duty Nurses** for 147-bed Medical & Surgical Sanatorium. Salary dependent upon experience & qualifications. Residence accommodation if desired; transportation arrangements for those living out. 1 mo. vacation annually, sick benefits, etc. Time allowed for university study. For full particulars apply Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal 5, Quebec.

---

**Public Health Nurse** for generalized program with Bruce County Health Unit. Minimum salary: $2,700 with allowance for experience. Pension & Blue Cross plans available. 4 wks. vacation. Car provided if required. Apply T. H. Alton, Sec.-Treas., Bruce County Health Unit, Walkerton, Ont.

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**Public Health Nurse** for Aug. 1, for generalized program in rural area. Salary commensurate with experience. Liberal car allowance. Preference given to one with secondary school experience. Apply Muskoka District Health Unit, Bracebridge, Ont.

---

**Graduate Nurses** for 25-bed hospital. Salary: $220. 4 wks. holiday with pay after 1 yr. $75 paid towards transportation. Apply, giving experience, St. Mary's Hospital, Dawson, Yukon Territory.

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**General Duty Nurses** for 650-bed Teaching Hospital in Central California. Salary: $273-320 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

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**Registered Nurses (2) for General Duty** at 30-bed hospital in Dryden, Northwestern Ontario. Fully modern nurses' residence. Salary: $160 per mo. plus full maintenance; subject to increase after 6 mo., with regular annual increases thereafter. 30 days vacation after 1 yr. service. Successful applicants reimbursed rail fare after 1 yr. Apply, stating age & when available, Supt., District General Hospital, Dryden, Ont.

## OPERATING ROOM SUPERVISOR

*for*

**SAINT JOHN GENERAL HOSPITAL**

**SAINT JOHN, N.B.**

**400 BEDS**

**Good salary and personnel policies. Apply:**

**Director of Nurses, General Hospital, Saint John, N.B.**

**Head Nurse** for British Columbia Civil Service — Pearson Tuberculosis Hospital — Vancouver. Salary: $255-287 per mo. Applicant must be Registered Nurse currently registered in B.C. or eligible for registration in the province and certified by the registrar, Registered Nurses' Association of B.C. Involves supervision on afternoon & night shifts on rotating basis. Apply Personnel Officer, Civil Service Commission, 411 Dunsmuir St., Vancouver, B.C.

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**Public Health Nurses** (qualified) for City of Oshawa. Generalized program in urban area. Starting salary: $2,800-3,000, depending on experience. Annual increment $150. Transportation provided. 5-day wk. Pension & hospitalization plans available. Apply A. F. Mackay, Medical Officer, Board of Health, City Hall, Oshawa, Ont.

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**Public Health Nurses (8)** in North York Township (adjacent to Toronto). Generalized program; 35-hr. wk.; 4 wks. vacation with salary; cumulative sick leave. Free hospitalization insurance; pension plan; group life insurance. Small suburban districts available. Salary schedule in effect with 4 annual increments and car allowance of $60 per mo. Address inquiries to Dr. Carl E. Hill, M.O.H., 5248 Yonge St., Willowdale, Ont. Personal interviews before June 1 should be arranged. Staff appointments become effective Aug. 1 or Sept. 1.

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**Registered Nurses for General Duty; Operating Room & Obstetrical Nurses.** 184-bed General Hospital. 44-hr. wk.; 8 statutory holidays; 21 days annual vacation. For other perquisites & further information, apply Director of Nursing, General Hospital, Brockville, Ontario.

---

**Graduate Nurses (2)** for small Community Hospital in "Silvery Slocan" district of British Columbia. Salary: $230 per mo.; annual increments of $5.00 per mo. Board in hospital, $40. 40-hr. wk.; graduate complement 5. 28 days holidays after 1 yr. service. Customary sick leave, 1½ days per mo. Duties to commence in July. Apply giving full details, Sec., Slocan Community Hospital, New Denver, B.C.

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**Registered & Non-Registered Nurses for General Duty** in 50-bed hospital. 44-hr. wk. For further information, apply Supt. of Nurses, General Hospital, Cobourg, Ont.

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**Operating Room Nurse** for 50-bed modern General Hospital with 5 doctors. Postgraduate course not required. Experience desired. Salary: $285 per mo. with increases at 6 mo. Good living conditions. Good working conditions. Test pool examinations required for registration by reciprocity. Apply The Cody Hospital, Cody, Wyoming.

---

**Registered Nurses** for 82-bed hospital. Gross Salary: $210-230 per mo. 44-hr. wk. with no split shifts. 30 days holidays with pay after 1 yr. of service & all statutory holidays. Full maintenance including laundry of uniforms — $30 per mo. Apply Supt. of Nurses, Union Hospital, Canora, Saskatchewan.

---

**Registered Nurses** for Provincial Government Service. 44-hr. wk. New Hospital. Attractive benefits. Salary: $2,460-2,860 per annum. Experience & training will be taken into account in determining salary. Apply Supt., Ontario Reformatory, Guelph, Ont.

---

**Registered Nurses (2)** for 35-bed General Hospital, 55 miles from Toronto. Experience in Operating Room an asset. Good personnel policies. Apply Supt., Stevenson Memorial Hospital, Alliston, Ont.

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**Nursing Arts Instructor & Operating Room Nurses (3),** at once, owing to present nursing staff leaving to get married. 200-bed General Hospital. For further information, contact Supt. of Nurses, Prince Edward Island Hospital, Charlottetown, P.E.I.

## *School of Nursing,* Metropolitan General Hospital
### WINDSOR, ONTARIO

**The following positions combining both classroom and clinical instruction will be open August, 1955.**

**INSTRUCTOR IN PEDIATRIC NURSING**
**INSTRUCTOR IN SCIENCE AND SURGICAL NURSING**
**INSTRUCTOR IN HEALTH AND MEDICAL-SURGICAL NURSING**

**This is a new school of nursing with a curriculum pattern of two years of nursing education followed by one year of guided nursing service. It offers an excellent opportunity for instructors to participate in the development of a sound educational program since the hospital does not depend on students for nursing service during their two educational years.**

*For further information apply to:*

**MISS DOROTHY R. COLQUHOUN, DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONT.**

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**Graduate Nurses (2)** for 22-bed hospital. Salary: $230 per mo., if B.C. registered; less $40 board, room, & laundry. 28 days vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, giving references, Matron, Burns Lake Hospital, Burns Lake, British Columbia.

---

**Graduate Nurses (2) for General Duty.** Permanent position in fully modern hospital. Salary: $180 per mo.; full living-in accommodations including laundry. 46-hr. wk. 4 wks. vacation after 1 yr. service with pay. 6 legal holidays or equivalent. Duties to commence as soon as possible. Apply Mrs. G. G. Goodwin, Matron, District Hospital, Minnedosa, Manitoba.

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**Graduate Nurse (1) & Practical Nurse (1) for General Duty.** Holiday Relief in 26-bed hospital. Salary: $180 per mo. for graduate & $115 for practical nurse. Full maintenance. Duties to commence from May 1 to Sept. 30, 1955. Apply Mrs. G. G. Woodwin, Matron, District Hospital, Minnedosa, Manitoba.

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**Hospital Matron for Minnedosa District Hospital.** Fully modern 26-bed hospital. 4 wks. annual vacation with pay after completion 1 yr. service. Salary: $225 per mo. with full maintenance. Duties to commence as soon as possible. Please state age, qualifications, experience & references. Apply Mr. P. S. S. Hancock, Sec.-Treas., P.O. Box 182, Minnedosa, Manitoba.

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**General Duty Nurses (2)** for permanent staff or summer relief of well-equipped small hospital. 8-hr. duty; 5½-day wk.; rotating shifts; long weekend following night duty. Popular summer resort. Apply Supt., Saugeen Memorial Hospital, Southampton, Ont.

---

**Public Health Nurses (2)** for generalized program, City of Guelph. Minimal Salary: $2,700; annual increments. Car allowance or car provided. Sick benefits. Vacation with pay. Apply Dr. G. Q. Sutherland, M.O.H., City Hall, Guelph, Ont.

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**Public Health Nurse** to assist in newly developing Child & Maternal Health program. Work includes Home Teaching of prenatal women & infants & teaching Maternal Health classes. Apply Miss B. Rowland, Nurse-in-Charge, Child & Maternal Health Division, Dept. of Health & Welfare, Charlottetown, P.E.I.

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**Supervisors, Operating Room, Obstetrical & General Duty** for all shifts. New 120-bed hospital opening soon; 20 minutes from downtown Detroit. Excellent wages & benefits. Apply Director of Nurses. The Lynn Hospital, 2950 So. Fort St., Detroit 17, Michigan.

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**Supt. of Nurses for Lachine General Hospital.** Position will become vacant on 1st of July 1955. This is a 75-bed hospital & Lachine is situated on the north side of Lake St. Louis, 9 miles from the centre of Montreal. Address applications to the Administrator, General Hospital, Lachine, Que.

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**General Duty Registered Nurse** immediately for 34-bed hospital. Live-in. Apply Supt., Ajax & Pickering General Hospital, Ajax, Ontario.

---

**Registered Nurses (2)** for 42-bed General Hospital. Good salary & excellent accommodation. 44-hr. wk. Usual holidays & sick leave benefits. For further information, apply Supt. of Nurses, Bethesda Hospital, Steinbach, Manitoba.

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| **Newfoundland** | Miss Elizabeth Summers, 55 Military Rd., St. John's. |
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**Registered Nurses' Ass'n of British Columbia,** Miss Alice L. Wright, 2524 Cypress St., Vancouver 9.

**Manitoba Ass'n of Registered Nurses,** Miss Lillian E. Pettigrew, 247 Balmoral St., Winnipeg.

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**Registered Nurses' Ass'n of Nova Scotia,** Miss Nancy H. Watson, 301 Barrington St., Halifax.

**Registered Nurses' Ass'n of Ontario,** Miss Florence H. Walker, 515 Jarvis St., Toronto 5.

**Ass'n of Nurses of Prince Edward Island,** Miss Muriel Archibald, Cabot Building, Duckworth St., Charlottetown.

**Association of Nurses of the Province of Quebec,** Miss Winonah Lindsay, 506 Medical Arts Bldg., Montreal 25.

**Saskatchewan Registered Nurses' Ass'n,** Miss Lola Wilson, 401 Northern Crown Bldg., Regina.

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